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ABSTRACT

The project described in this document was designed as an experiment in career education in the health field. The 3-year program offered students in three Los Angeles high schools and one Long Beach high school an introduction to health careers in the first year, work experience in the second, and cooperative or work-study education in the third. The program considers the needs of each student, with individualized teaching, self-instructional materials, and other aids. Each student starts at his own level of achievement and moves along at his own rate of speed. Progress is measured against individual performance rather than the class performance. Thus high achievers may move ahead without being hampered while low achievers are not threatened by further failure. In this guide, a brief history of the pilot and demonstration project is followed by the step-by-step procedures required to establish new programs. Included are documents, information sheets, and forms used in the project. The program design included evaluation of each of the three 1-year phases. This guide was written to provide assistance to other school districts in establishing similar health career programs. (MF)

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PROGRAM GUIDE

A Guide for Development and Operation of a Secondary School Allied Health Career Program

University of California, Los Angeles
Division of Vocational Education

VT 020 207

UNIVERSITY OF CALIFORNIA, LOS ANGELES
Division of Vocational Education

SECONDARY SCHOOLS ALLIED HEALTH PILOT AND DEMONSTRATION PROJECT

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PROGRAM GUIDE

A Guide for Development and Operation of a Secondary School Allied Health Career Program

Jerome Epstein, M.A.

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FOREWORD

The UCLA Allied Health Secondary School Pilot and Demonstration Project was designed as an experiment in career education in the health field. A three-year program, it offered students in three Los Angeles high schools and one Long Beach high school an introduction to health careers in the first year, work experience in the second, and cooperative or work-study education in the third. The design included evaluation of each of the three one-year phases. On the basis of the final evaluation, a Program Guide was to be written which would enable other schools and school districts to set up and operate similar programs.

At the end of the Project's first year, however, demand for such programs in other areas was so great that the Program Guide was moved forward a year. It was based on experience gained in two full years of successful operation, and on detailed plans for the third year which the Project staff was able to develop from that experience. Since the experience was so broad and varied, it is confidently believed that the Program Guide, in spite of its premature publication, will be useful to other communities in establishing their own health career programs.

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PREFACE

This guide will help in planning and implementing a Secondary School Allied Health Occupations Program which combines school Health Career Education with specific task training and work experience in a Health Care Facility. It is part of a package that provides the necessary materials for such a program. Using the package, a community can create a similar program adapted to its own needs.

Because the program and package were developed by the UCLA Allied Health Secondary School Pilot and Demonstration Project, the Guide begins with a description and brief history of that project. This is followed by the step-by-step procedures required to establish new programs. Included are documents, information sheets, and forms used by the Pilot Project. Those that fit the local needs of new programs can be duplicated directly from the Guide. Others can be adapted to special requirements.

* * * *

Creation of the Guide was a joint effort by the entire present professional staff of the Pilot and Demonstration Project; we wish to express our warm appreciation to all of them for sharing their experiences which were incorporated into the writing. Thanks are also due to Margaret Campbell, Marianne Hester and Judy Dobson for organizing material and attending to the many clerical activities involved. We are grateful to Marilyn Morgan for information and suggestions offered by her, and to the patience and skill of editors Mary Ellison and Seba Kolb.

Jerome Epstein

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INTRODUCTION

SUMMARY OF THE UCLA ALLIED HEALTH SECONDARY SCHOOL PILOT AND DEMONSTRATION PROJECT

Much of the information in this introduction is contained in other parts of the total program package. It is reviewed here so that those interested in intiating similar programs will have, in concentrated form, the necessary background, philosophy, and facts for presenting, planning and developing their programs.

BACKGROUND

The serious shortage of manpower in the health occupations long has been a matter of concern to those charged with responsibility for manpower planning and policy. In the 1968 Manpower Report, the Secretary of Labor pointed to the need for half a million more workers in this field. During the next ten years, he stated, 10,000 new workers will be needed each month; this projection did not take into account replacements for existing workers.

Another problem, unemployment, faces those concerned with the labor market. Fortunately, the two problems, when put together, help to solve each other.

The need for health care workers offers work opportunities to the jobless. This, however, points to a new problem: the need for specialized training required of workers in the health care field.

Students in the secondary school systems could provide one abundant source of hitherto untapped manpower for the allied health occupations. Two factors make this a particularly important area on which to concentrate. Unemployment is especially acute in the teen-age population, and students are, by the very fact of being students, involved with institutions that could provide the training necessary to open doors to employment in Health Care Facilities.

In addressing themselves to the problems of unemployment and the health manpower shortage, Project planners quickly saw that the Project could be highly useful in offering a solution to yet another problem—the potential school dropout.

The problems of school dropouts, the health manpower shortage, and unemployment are intimately related. Youngsters who drop out of school lack skills necessary for employment, and conversely, the fact of unemployment discourages students from seeking knowledge and training for jobs they feel do not exist. If they can be shown that jobs indeed do exist, and that the spectrum is broad enough to satisfy a wide range of interests and abilities, they may well be motivated to stay in a school which begins to prepare them for those jobs.

PLANNING AND PREPARATION

It was against this background that the UCLA Allied Health Secondary Schools Pilot and Demonstration Project was created. Addressing themselves to the above problems, the Project planners developed a program to help solve those problems. Goals were defined within the context of the problems, then means were selected which seemed best designed for reaching those goals.

BASIC DESIGN

The Project is a three-year student-oriented career education program designed to introduce secondary school students to allied health occupations. The purposes of the program are to acquaint students with the allied health field and provide them with training in it; to offer them experiences that are positive in order to encourage and motivate them to continue and utilize education; to give them skills and information with which they can compete in the world of work and move upward in it; to give them a better understanding of the health field and make them better consumers of its services; and to guide them into positions, occupations, training programs, or further education.

The health field was selected for this kind of educational program because it offers a great number and variety of career opportunities and will probably continue to do so for sometime to come. In addition, health knowledge is useful in all aspects of life, and its related subjects, the life sciences, are important practical and academic studies.

Each of the three one-year phases into which the program is divided is designed to meet specified sub-objectives. To meet the first-year sub-objectives, a task-oriented course of study integrated with exploratory visits to and some preliminary training in Health Care Facilities is offered. This course of study gives an overview of allied health occupations. Occupational information is obtained from personnel during facility visits and from films, lectures, guest speakers and library research. Accompanying this information, students are given theoretical background for and specific training in various allied health occupations. Such a curriculum bridges the gap between academic and vocational education. It relates classroom activities to the world of work. With theory thus bound to practice, the student can see the relevance of what he or she is learning.

The second-year course of study consists of an organized work experience program where the student learns specific tasks in an area of his or her choice. The choice of each student is based on stated career goals, information, and experience encountered during Phase I. The student is able to look closely at a specific occupational choice in order to decide if the choice was appropriate. During Phase II, a student who becomes dissatisfied with the original choice is guided into making another selection.

For such a scheme to be meaningful and realistic, however, students must develop the ability to make wise decisions. Integrated throughout the program are means of counseling and guiding the students to aid them in learning to set realistic goals and to make wise decisions leading to attainment of these goals.

The third phase of the program is tailored as much as possible to meet the needs of the individual students. The basic plan, however, is devoted to cooperative education in which students are employed part-time in the Health Care Facilities. This work during Phase III is supplemented by related technical courses in high school, a Community College, or a Skill Center.

On completion of the three phases of the program, the students will be able to meet the following four objectives:

1. They will be prepared to make an appropriate career choice of an allied health occupation.
2. They will continue in an advanced educational or training program and/or will be employed in an allied health occupation.
3. They will be able to function satisfactorily as employees in the Health Care System.
4. They will be knowledgeable consumers of health care services.

This program allows schools now to become a step in the plans students make for their lives outside and beyond school.

There is continuing counseling and guidance to aid each student in selecting among the many choices presented by the curriculum. Each is helped to set a goal and to reach that goal, whatever it may be—employment in the health field, further job training, college. Even if after exploring the health field the student decides to choose a career outside of that field, the program will have been successful, because he or she will have become a more knowledgeable consumer of health care services, and will have learned to make decisions based on informed judgment. Students will play an active role in determining their own lives instead of plunging blindly and haphazardly into whatever future chance thrusts upon them.

This program considers the needs, capabilities, background, and interests of each student. Teaching, therefore, must be individualized. The routine classroom lecture is reduced from its role as the primary teaching method to that of merely introducing broad areas, the details of which are then explored by individuals or small groups of students on their own. The teacher works with individuals and groups rather than with the class as a whole. Individualized teaching is further enhanced through use of self-instructional materials, audiovisual aids, and tutors.

Given such a learning environment, each student starts at his or her own level of achievement and moves along at his or her own rate of speed. Progress is measured against individual performance rather than against that of the class. This allows students of all ability ranges to be in the class. The high schievers can move ahead freely without being hampered by their slower fellows, and can explore enrichment quests on their own. On the other hand, low achievers, already discouraged by repeated failures, are not threatened by further failure. They start wherever they are,

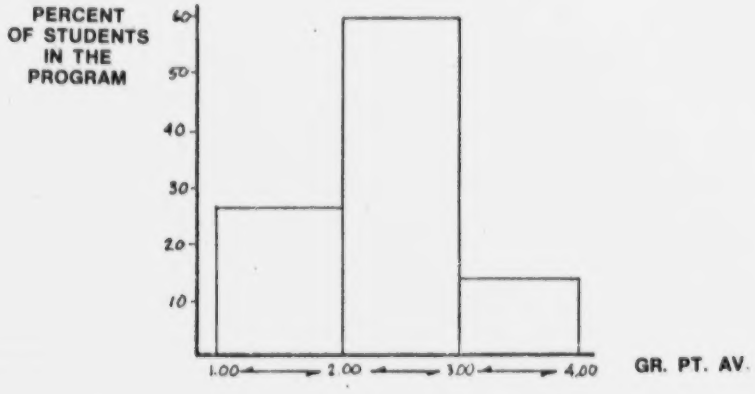
academically and attitudinally, and immediately receive positive experiences which help them progress. Content is gradually added and the curriculum becomes increasingly more difficult (but not overwhelmingly so, because it is individually tailored to each student). Students are constantly challenged, and constantly prepared to meet the challenges. As soon as they are ready for the next step, material is provided for that step. A succession of accomplishments replaces the previous succession of failures, resulting in a new and positive self-image. Students who were originally failure-oriented achieve the confidence to begin to expect and therefore to work for success.

A special staff is required to meet these special demands of the program. Since emphasis is shifted from course content to the student as a person, counseling, guidance, and individualized teaching become essential ingredients of the program instead of being, as in traditional education, merely supplementary to it. A staff is required that understands the significance of the difference and can function comfortably in this type of atmosphere. Further, the staff must recognize the difference between this program and traditional vocational education. Students come into the program to be introduced to a broad field, rather than to be trained for a particular job. Job training is part of the program but it is only a part. More important, students are helped to make wise and mature decisions; their interest in education is awakened and strengthened so that they become involved with the educational system and take advantage of it, and they gain confidence that they can make meaningful places for themselves in the social structure.

OUTREACH

A strong feature of this type of program is the potential to hold and encourage previously failure-oriented students. In order to have holding power, it is first necessary to get these students involved. Highly motivated students tend to take advantage of opportunities, whereas potential dropouts are less likely to respond with concern. An announcement of a new program would probably not cause the low-achiever/potential-dropout group to enroll. For this reason a special outreach scheme to search out and aid these students is built into the total curriculum. Beginning with the recruitment of students in junior high school, they are reassured that past failure will not hinder them from being successful in this program.

To test the appeal and value of this program to a broad spectrum of students, from potential dropouts to the college-bound, the Project encouraged applications from all levels of academic achievements. The selected class make-up was a follows:



The achievements of the various academic levels of students in the first year of the program are reported in the "Evaluative Report of Phase II," mentioned below.

EVALUATION

During the school year an evaluative study was carried on, comparing the students in the program with a control group from the same student population.

Student progress toward attainment of the four stated Project objectives also was tested. Finally, appraisal of the Project by students, parents, teachers and hospital trainers was examined. Results of the evaluation were published by the Project.

During the second year, a new group of students entered Phase I, while the original group went on to Phase II. At the same time, the curriculum and procedures were modified and revised on the basis of the evaluation of the first year's experience. Evaluation continued during the second year, resulting in still further changes. These, in turn, were incorporated in plans for Phase III.

SUMMARY

The essential stages of the project can be summarized as follows:

1. PLANNING AND PREPARATION
2. OUTREACH
3. EXPLORATORY PHASE (PHASE I)
4. WORK STUDY (PHASE II)
5. COOPERATIVE WORK EDUCATION OR CONTINUING STUDY (PHASE III)
6. FOLLOW-UP

CHAPTER ONE

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CHAPTER ONE

PREPARATION

In order for the program to succeed, it must be based upon a well-thought-out, clear, detailed, comprehensive plan. Such a plan must be tailored to the needs and resources of an individual community. Since communities differ, no standard blueprint can be offered. There are, however, certain basics around which a community can build a program to suit its own purposes. This chapter deals with these basics of preliminary planning.

PURPOSE

The essential starting point is a clearly defined purpose. Anyone intent on developing a program should begin by thinking through what it is he hopes to achieve until he can state it in clear and concrete terms. The statement of purpose should then be used as the foundation and guide to all future planning. Plans will vary, depending upon the purpose which they are designed to serve, but all will be built around an indispensable nucleus.

NUCLEAR PROGRAM

By definition, all programs with which we are dealing involve secondary school students whose classwork is augmented by some on-the-job training in a Health Care Facility. The minimum requirement, therefore, without which no program can function, is participation by a high school to provide the class situation, and by at least one Health Care Facility in which on-the-job training can take place. It is possible, for certain purposes, to build programs on such a nucleus alone.

Some programs may be designed whose purposes are primarily to stimulate and motivate students as part of their general education. When students find something that interests them, all education becomes more meaningful. Interest can be aroused by widening horizons through introduction to a field of experience, health care careers, that is generally unfamiliar. It is further enhanced by the novelty of innovative teaching methods and on-the-job training, and by demonstration of the relevance of life science and health studies through relating their subject matter to real situations, occupations and tasks.

A program limited to these purposes can be established and operated solely by the school/Health Care Facility nucleus. Support and assistance from other organizations and individuals in the community would be useful, but not essential, since all requisite means of achieving the listed purposes can be supplied by school and facility.

COMMUNITY PROGRAMS

At the opposite extreme from the Nuclear Program is the true Community Program. In this, the purposes are increased to include reducing the school dropout rate, helping to meet manpower needs, alleviating unemployment, improving community health practices, providing fresh hope to discouraged youths, and opening doors to upward job mobility.

The multi-purpose full community program is the ideal. It will serve as the basis for the suggestions in this manual. These suggestions should be followed as far as possible. The fact that they cannot always be followed in every area does not mean that a program cannot be established. Ideals are seldom fully attainable. Each community will have to find its own place between the two extremes, defining purposes meaningful to it and setting its own realistic performance goals.

ESSENTIAL PROGRAM PARTICIPANTS

The program as we see it is a "cooperative community effort" requiring "community support and the active participation of certain community elements." These elements form an interlocking complex. The components of such a complex will now be listed, followed by brief descriptions of how each component fits into the complex. The descriptions are necessarily broad and general at this point, because we are now concerned with an overview. Specific details will be filled in later at the points where they fit into the working of the program.

The components of an Allied Health Careers Community Educational Complex are:

1. A high school and its feeder junior high schools
2. The School District
3. A Health Care Facility (such as a hospital)
4. Other health agencies (such as Department of Public Health)

5. A college or other post-high school educational facility

6. Parents

7. An Advisory Committee

Of these, the *high school* and *Health Care Facility* are the most important. Although this is a school-based program, the active involvement of a Health Care Facility where the students can receive their training is required from the beginning. Any member of the complex may, of course, take the lead in initiating a program, but one of the first steps must then be to gain full cooperation from a school and a Health Care Facility.

The Health Care Facility (or Facilities) required is one that provides the many services found in a hospital. In some places in this Program Guide, the word "hospital" will be used for simplicity, and in many cases a hospital in the ordinary sense of that word will indeed *be the participating facility in a complex. In some situations, however, a group of facilities (none of which is technically a hospital) may, if more practical, serve the same purpose, provided that together they offer a sufficient number of the services found in a hospital. Private doctors' offices, dental offices, independent laboratories and X-ray facilities, rest homes, convalescent homes, veterinary establishments and pharmacies, for example, together can supply training sites for many hospital tasks. Such a group can be substituted for a hospital in the complex.*

Participation of other Health Care Facilities and agencies in addition to a hospital is also desirable. They can be visited on field trips and are sources for guest lecturers, films, filmstrips and literature.

A *Community College* is a highly useful member of the complex. It can offer classes, tutoring, audiovisual aids, and resource materials. Developing a close relationship with a college at an early stage gives the students an introduction to the world of college. The college also can help in planning the content to be offered to students.

Parents should be encouraged to be involved throughout the program from early planning to evaluation. Free from the organizational restrictions of the other components, yet directly affected

by the success of the program, they can offer fresh and sometimes innovative solutions to problems and will ask probing questions that may lead to necessary decisions that might otherwise be overlooked. And their influence as members of the community may be useful in obtaining support for the program.

In order to insure a broad community base, one of the early steps is the setting up of an *Advisory Committee* of community leaders representing a varied group of community organizations and interests. Such a Committee provides liaison between all segments of the community. It can furnish information about community needs and resources, thus relating the program to the realistic context in which it is to operate. The prestige and influence of Committee members will be useful later in gaining cooperation from specific individuals and institutions. And the specialized expertise of members will offer valuable input in planning the program.

The size, function, and specific membership of the Committee will vary from community to community, but representation from the following groups would be useful:

1. Professional Medical Groups (AMA, County Medical, etc.)
2. Educational Institutions and Organizations
3. Hospital Administration
4. Other Health Facilities
5. Citizens' Groups (such as the Rotary Club)
6. Health Departments
7. Volunteer Health Associations (Heart, TB, etc.)
8. Public and Private Employment Agencies
9. Parent-Teacher Association
10. Government

Since members will be busy people with many commitments, the committee cannot be expected to meet very often, although it should participate as much as possible in initial planning. After the program is in operation, occasional meetings will be necessary to keep the Committee informed of

progress and problems. How often these meetings are to be held is one of the decisions the committee will have to make.

SURVEY

The need for trained health workers is large and growing, but it is not uniform either geographically or by occupation. One of the first steps, therefore, in designing a Health Careers Program is a survey to determine the health manpower needs of the individual community. The Advisory Committee can be of considerable help in this through its representatives from the various areas of the health field.

The survey should explore the field, occupation by occupation. If a community, for example, has an oversupply of Inhalation Therapists, there is little reason to train students for jobs that don't exist. By discovering realistic needs, the program designers can modify the model program and direct their curriculum toward meeting those particular needs.

BUDGET

Obviously a realistic, workable budget is a must. Items that need to be considered are:

1. *Staff*
2. *Equipment and Supplies*
3. *Transportation*
4. *Stipends*
5. *Insurance*
6. *Clinical Instructor Training*
7. *Evaluation*

Staff: In a three-phase program, the number of students for which the program is responsible increases with each phase, because new Phase I students are added each year. When Phase III is reached, three sets of students are involved in the program. Nevertheless, it is not necessary to increase time demands or staff because, although supervision and counseling are still required, most training has shifted from classroom teacher to hospital personnel. Also, the preliminary planning,

contacts, and organizing required to start the program do not have to be repeated each year. The experience acquired by the program personnel reduces the amount of time each individual phase requires to make it function.

Beyond salaries for running the program, additional funds to cover planning and training will probably need to be included in the budget.

Four functions are particularly essential to the program: teaching, coordinating, counseling, and clerical. Size and scope of the program will be factors in determining the number of persons required to perform these functions. Given a class size of 20 to 30 students, the time requirement in a typical program is roughly half time for teaching and half time for coordinating. One full-time person, therefore, can function as teacher-coordinator, or two half-time persons can be assigned the separate roles. For budgeting purposes, one full teacher salary is a good estimate, which will cover either a full-time teacher-coordinator, or a half-time teacher and a half-time coordinator.

Since one school may assign both functions to one person while another may divide them between two individuals, this Program Guide is based on functions rather than on position titles. When a position is referred to by name, therefore, the reference concerns the function being performed at the time. When, for example, in Chapter Four we describe the "coordinator's" duties in recruiting students, this does not imply that a program must have an individual titled "coordinator." If a program engages a teacher-coordinator, that individual is the "teacher" whenever he or she is performing a teaching function, and "coordinator" whenever performing a coordinating function. Whether or not a teacher-coordinator is preferable to a teacher and a coordinator is an open question. There are advantages and disadvantages in both alternatives which will be discussed in Chapter Two.

Chapter Two will indicate also that a specific school *counselor* and a *secretary* should be assigned to the program. Whether or not this will require an addition to the budget is a decision for each school to make after considering the suggestions in Chapter Two.

Equipment and Supplies: This item can be only roughly estimated, depending in part on what the school has on hand from school nurse, science department, etc., and what the individual teacher intends to requisition. More on this will also appear in Chapter Two.

Transportation: This is a highly variable item since the geography and facilities of communities are so different. Decision must be made as to which method of transportation is most practical and economical in any given locale. Among methods to choose from are public transportation, volunteer private cars, car pools, school bus, and minibus purchased by the program. Distance also is a factor. Some schools are within walking distance of the cooperating hospitals, others may be 15 or more miles away from it. Although by no means the only consideration in designing a complex, transportation should be a factor seriously weighed in selecting which school and which hospital are to be included.

Stipends: The UCLA Allied Health Pilot and Demonstration Project paid stipends to students while they were working in the hospital during Phase I and Phase II of the program. This was to cover some of the expenses connected with working and was not payment for work. Student work is repaid by the training received. Most schools that have initiated such programs since the Pilot Project are not paying stipends.

Before a school decides to eliminate stipends altogether, however, it should consider the problem of students who have acute financial need. Such students are those who perhaps can benefit most from a program like this one, and should not be excluded simply because, by having to work after school, they cannot afford the time for the hospital experience. Stipends based on financial need, therefore, should be considered. An alternative is individual and careful job counseling, guidance, and assistance in finding work whose hours fit into each student's program.

Insurance: Because students will be working in hospitals with expensive equipment, and sometimes with patients, they must be covered by insurance. Both workmen's compensation and malpractice insurance are required. A rider to the school's policy should provide for these. Since policies differ, this matter should be discussed with the school insurance adviser.

Clinical Instructor Training: The heart of the program is the in-hospital experience. If the clinical instructors who will work with the students understand the philosophy of the program, if they know how to combine work with training, and if they are trained in how to teach tasks quickly and efficiently, the program will be a success. If not, the trainers will feel that their time is being wasted, and

the students will be bored and frustrated. At the very least, some clinical instructor orientation workshops should be scheduled. Preferably, the program should further include organized Clinical Instructor Training in the teaching of tasks. Such training may be available in the local school system, or may be a standard part of the hospital's staff training. If not, the budget should allow for a Clinical Instructor Training program.

Evaluation: Evaluation can be included as part of the regular school evaluation. If additional evaluation is desired, cost will have to be added to the budget. Teacher, coordinator, clinical instructors, parents, and students should take part in the evaluation.

Further details of evaluation and the forms used will be found in Chapter Five of the Program Guide.

An excerpt from the actual budget of one school system offering this type of program is shown below as a guideline:

This program will be operated at three schools in conjunction with three hospitals and will serve 75 students.		
The amounts indicated for certificated and classified salary include employee benefits and are based upon the average amounts paid to individuals currently in similar positions.		
3 teachers (each assigned 2/5 time)		
Sept. 1, 1972 to Dec. 31, 1972		
Summer Hospital Internship–7 weeks summer school rate	$20,057 4,179	$24,236
1 field coordinator (assigned full-time)		
Jan. 1, 1972 to June 16, 1972 (Planning)		
Sept. 1, 1972 to Dec. 31, 1972 (Coordinating)	$16,714	
Summer Hospital Internship–7 weeks summer school rate	1,393	18,107
3 counselors (each assigned 10 days)		
Jan. 1, 1972 to Dec. 31, 1972	$ 2,770	
1 consultant from the District Health Services Council to work with program personnel 10 days	981	3,751
1 clerk typist II employed on a half-time basis	$ 4,401	
6 students for Summer Hospital Internship @ $1.60 per hour, 4 hours per day–7 weeks	1,344	$ 5,745
Local travel for the field coordinator		
Jan. 1, 1972 to Dec. 31, 1972	$ 300	
Travel other than local for the field coordinator	300	
Instructional and audiovisual supplies	475	
Transportation for field trips & the exploratory phase	1,500	
75 sets @ $10.00 of special text/workbooks	750	
Uniforms for students		
35 girls @ $ 9.00 = $315		
40 boys @ $18.00 = 720	1,035	
Shoes for students		
35 girls @ $11.00 = $385		
40 boys @ $15.00 = 600	985	5,345
		$57,184

FUNDING

There are three chief sources of funds:

School Funds

Government Grants

State

Federal

Private Funding

General

Local

School Funds: Since outside funding is often available, the temptation is to rely on it and limit as much as possible the use of direct school and school district funds. While outside funds, when available, are useful for getting the program started, it is strongly urged that schools try as much as possible to integrate the program into their own budgets. Grants cannot be counted upon to continue, and this should be an ongoing program. Further, grant moneys are usually earmarked for specific purposes, limiting the flexibility of the program and interfering with experimentation. Finally, as has been stressed, the program must be a community effort. The more deeply the local community is involved in designing the program, setting it up, operating it—and financing it—the more successful it will be. Too much dependence on outside funding, therefore, should be avoided. On the other hand, assistance in getting the program off the ground is useful and often necessary. Program designers, therefore, should know what funds are available and how to apply for them.

Federal Grants: All sources of funds, Federal, State, and private, are constantly in flux. New sources are created, some old ones are eliminated, and new regulations and restrictions aften alter those that continue. To save time, before applying for funds write or phone the specific granting agency for its latest informational literature and instructions for applying.

A list of sources that may fund Secondary Schools Allied Health Careers programs follows:

Elementary and Secondary Education Act (Title I) — This program, designed to meet the special needs of educationally-deprived children, is a major resource. In 1968 an estimated $168 million were spent for summer projects serving more than 2.5 million young people. The funds are allocated locally through a specific formula based on the number of poor youth in the school district. Since these funds are year-round allocations rather than summer funds, it is essential to take steps early to secure a share of Title I funds for summer programs at the local level.

Elementary and Secondary Education Act (Title III) — This program provides grants for supplementary educational centers and services which may be provided through local schools and other community agencies for the development of experimental and model programs. Long lead time is usually required.

Elementary and Secondary Education Act (Title VIII) — A new dropout prevention demonstration program is authorized under this Title of ESEA. Funding has begun in fiscal year 1969 for experimental demonstrations to discover effective educational practices which show promise of reducing the number of children who do not complete their education in elementary and secondary schools, especially disadvantaged children. The Office of Education cautions that Congress envisions this project as a concentrated demonstration effort in a limited number of cities and rural areas. Specifications for projects are stringent.

Economic Opportunity Act of 1964 — This legislation provides a host of possible education programs in the schools, Community Action Agencies, and non-profit and public agencies. The Act covers Community Action Programs, Tutorial Programs, VISTA Summer Associates, Upward Bound, Neighborhood Youth Corps, and Head Start. The local Community Action Agency can provide detailed information on each.

National Defense Education Act (Title V-A) — This provision allows local school districts to establish, maintain, and improve guidance counseling and testing programs for dropouts, unemployed youth, minority youth, and economically disadvantaged youth. The training of counselors to implement these services is made available through the *Education Professions Development Act.*

Manpower Development Training Act — The Department of Labor and the U.S. Office of Education have conducted a variety of programs under this Act through the schools and on-the-job training which ties education to future employment.

Further details of grants applicable to Allied Health Careers Education are available in the following government publications:

Handbook for Local Officials. Prepared by the Vice President's Office, the Handbook is a compendium of Federal programs which aid or have an impact on localities. It is a working reference source organized by functions and problem areas and provides an overview of the kinds and sources of Federal assistance which are available for local use. It is designed for use as a tool in broad policy-making and comprehensive planning and programming. Detailed information on specific programs is provided in a companion piece to this volume, the *Catalog of Federal Assistance Programs* listed below. For sale by the Superintendent of Documents, Government Printing Office, Washington, D.C., 20402. $2.

Catalog of Federal Assistance Programs. This 700-page publication gives one-page descriptions of all Federal domestic programs. It is available upon request from the Information Office, Office of Economic Opportunity, Washington, D.C., 20506.

Grants-In-Aid and Other Financial Assistance Programs Administered by HEW. This publication lists and describes the various forms of financial aid administered by the Department of Health, Education, and Welfare. For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. $2.25.

Federal Research and Demonstration Programs Benefiting the Disadvantaged and Handicapped. State agencies, private and public educational institutions, other organizations, and interested individuals may be eligible to receive grants and contracts for a wide range of Federally-supported research and demonstration programs benefiting the disadvantaged and handicapped. OE-35092. For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. 40 cents.

Federal Programs Assisting Children and Youth: 1967. This report inventories all Federal programs which assist children and youth and gives information on the amount of Federal funds which they provide. Prepared by the Interdepartmental Committee on Children and Youth. Copies may be obtained by writing the U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau, Washington, D.C., 20202.

During the summer, between phases of the program, some students who wished employment were employed by the program hospitals with funds supplied by the Neighborhood Youth Corps (NYC).

Neighborhood Youth Corps offers school districts an opportunity to employ youth during the summer months and to involve them as junior staff members in programs for young children, especially in tutorial programs and recreational activities using school facilities.

NYC funds also are being requested to pay for the employment of some students in Phase III of the UCLA Pilot Project.

Because UCLA provided Clinical Instructor Training to the staffs of hospitals participating in the Pilot Program, no special grant money for the purpose was sought. As a result, the Project cannot report from experience how such instruction can be funded. If it is simply added as an item in the budget, it may possibly be approved.

Another approach is for the hospital rather than the school to apply for funds. The United States Department of Health, Education, and Welfare offers grants for Training Institutes in the Allied

Health Professions. It appears that these would apply to tuition for Clinical Instructor Training. Conditions of the grant require that the hospital be public or non-profit and that the course offered be designed for more than the employees of the single institution. Details concerning these "Allied Health Professions Grants for Training Institutes" can be obtained from:

Division of Allied Health Manpower
Bureau of Health Manpower Education
Public Health Service
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20014

Programs for nurses are funded separately. When requesting information, therefore, send a second request to the Division of Nursing at the same address (above).

State: Each state has a list of its own funding resources and requirements, obtainable from its State Department of Education. In California, where the UCLA Pilot Program operated, the necessary information is contained in the pamphlet: *Manual of Instructions for Completing California State Department of Education Form A-127,* "Application for Funds for Educational Programs," available from the California State Department of Education, Sacramento, California 95814.

Private (General): Anyone interested in exploring the possibilities of private funding will find potential sources listed in the *Foundation Directory* published by the Russell Sage Foundation, 230 Park Avenue, New York, N.Y. 10017.

Private (Local): In many communities there are local organizations that are interested in assisting worthwhile local projects to aid disadvantaged, minority, and handicapped students. The local Chamber of Commerce can often help to locate such groups.

CHAPTER TWO

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CHAPTER TWO

SETTING UP THE PROGRAM AT THE SCHOOL

As has been stated, the program may originate anywhere in the community, but it begins to function only when it has been accepted by a high school. Having accepted the program, the school must begin to implement it. This chapter discusses early implementation.

STAFFING

It is necessary to realize at all stages of planning and running the program that this is not simply another course to be added to the school catalogue. It is a special program with its own requirements, including innovative teaching methods, and a responsibility to each individual student, not merely to see him or her through a given semester, but to help each select and reach a specific goal beyond high school. These considerations are particularly important in selecting staff.

Given the special demands of the program, many schools feel that one individual's main effort should be devoted to it. For this reason they combine the teaching and coordinating functions, assigning these to an individual who is then relieved of most or all other school assignments. This has the advantages of allowing such a person to concentrate on developing, promoting, and running the program, which further encourages the commitment necessary to it. Moreover, communication problems, ego battles, and personality clashes between teacher and coordinator are avoided.

Opposed to these advantages is the disadvantage of having so much of the program dependent upon a single individual. Should that person leave or prove inadequate, the program is disrupted. It is advisable for the sake of continuity to have more than one person involved in the details and operation of the program. Moreover, a joint effort allows for an exchange of ideas and a pooling of information and talents, with the program drawing on the strengths of each participant.

One approach to the division of assignments has been suggested by a district in which more than one school offers the program. It is proposed that the schools exchange teacher-coordinators, providing team-teaching in the classroom and a sharing of the coordinator's duties. This allows each teacher to devote full or almost full-time attention to the program, and still offers the advantages of a

joint effort. So far as is known, this approach has not yet been put into practice, but there seems to be no reason why it should not be workable.

Another approach is the assumption of some or all of the coordinating functions by someone from the school district to whom this added responsibility would not be too great a burden, or by a member of the school administrative staff, perhaps the Vice-Principal or Vocational Education Coordinator. This has the advantage of promoting administration support for the program, solving many communication problems, and establishing a solid base for continuity.

Because the program is so intimately involved with each student's step-by-step continuing plans for establishing and reaching a career goal, counseling and guidance are of paramount importance. Much of this work will be done by the coordinator, but supplementation of these efforts by an informed, sympathetic school counselor is valuable. One of the school's counseling staff who is receptive to the aims of career education should be specifically assigned to the program, with all students participating in the program referred to that special counselor. At the very least, this special counselor should be thoroughly acquainted with the objectives and procedures of the program and should confer regularly with the teacher and coordinator concerning plans for each student. Preferably, this counselor should be relieved of some other counseling duties, and become part of the program, attending program meetings and working closely with the teacher and coordinator.

An individual secretary also should be assigned at least part-time to the program, providing a focus for access to the program's files and schedules.

Each school or school district will adapt the above suggestions to its own needs, deciding for itself what staff is to be employed, what can be budgeted separately, and what must be absorbed by the fixed school staff. In order to help further in those decisions, specific job requirements, duties and responsibilities are now offered.

Teacher: Should have some background in health; knowledge of hospital organization and functioning; skill in innovative educational methods, task training, and individualized instruction; some knowledge of curriculum design; and should be in accord with the purposes of career education. Two general requirements of special importance are to be flexible within a structured situation, and to understand and be sympathetic to the needs of young people. Will be expected to:

1. Consult in selection of students.
2. Adopt, adapt and/or create curriculum to meet the needs of the specific schools and students. (*Adopt:* Use prepared curriculum. *Adapt:* Modify prepared curriculum. *Create:* Develop new or supplementary curriculum.)
3. Plan and set up classroom and equipment.
4. Select and order audiovisual materials.
5. Teach an Allied Health Careers class by:
    a. Task training
    b. Leading discussions
    c. Involving students in role-playing and other group activities
    d. Utilizing audiovisual and other teaching materials.
    e. Assigning students to and helping them with individual and small group projects and study aids.
    f. Lecturing
    g. Selecting guest experts
    h. Planning content to be covered on field trips.
    i. Consulting with coordinator on arrangements of field trips
    j. Utilizing tutors
6. Supervise students in class and in the hospital.
7. Work closely with staff in counseling, student and program evaluation, and scheduling work experience assignments and rotation.
8. Keep administration informed of program problems and progress.
9. Maintain record of activities and student records, and prepare regular program reports.

Coordinator: Should have knowledge of the organization and functioning of hospitals, some background in the total field of health care, and some experience in education and community service. Sensitivity and awareness in all interpersonal relationships including the ability to relate to students of high school age are also desired. Will be expected to:

1. Participate in early planning to design and establish the program.
2. Present program to students and parents.
3. Participate in selection of students.
4. Confer regularly with teacher and counselor regarding curriculum and counseling.
5. Obtain hospital participation in the program.
6. Orient hospital department heads and clinical instructors to the program.
7. Work closely with teacher in scheduling field trips and work-study assignments and rotation.
8. Attend to details of field trips (selection of sites, obtaining acceptance, transportation, etc.).
9. Work closely with hospital staff in scheduling work-study assignments and rotation. Adjust teacher suggestions and student preferences to hospital realities.
10. Develop student task lists with clinical instructors and department heads.
11. Supervise students in hospital.
12. Participate with teacher in student and program evaluation.
13. Obtain employment for qualified students.
14. Maintain appropriate records and progress reports.
15. Function as ongoing liaison between all levels within the school, within the hospital, between school and hospital, and between the program and students, parents and the community.

Counselor: Should be an experienced school counselor who understands and accepts the philosophy and procedures of the program. This includes recognition of the fact that academic and career education need not be antogonistic, but on the contrary, can serve each other. Will be expected to:

1. Participate in relating program content to standard school course content, determining what type of transferable credit is to be given, and what content, in what depth, is required for such credit.

2. Participate in fitting program into school schedule.
3. Participate in the selection of students.
4. Confer regularly with teacher and coordinator on problems, abilities, potential, growth, and needs of each student.
5. Participate in student and program evaluation.
6. Counsel program students in depth.

Secretary: Standard secretarial training and experience required. Will be expected to:

1. Take verbal dictation and/or use dictating equipment to transcribe letters, memos, task lists, manuscripts, proposals, etc. Compose letters when necessary.
2. Make arrangements for luncheon and/or dinner meetings. Type and send out all invitations. Take minutes of meetings and transcribe. Fill out the necessary forms for honorarium and travel reimbursements.
3. Fill out various forms for ordering publications, advance for per diem, travel expense vouchers requesting reimbursement of expenses incurred, mileage expenses reports, monthly staff reports, consultant invoices, stipends, billing, etc.
4. Order plane reservations, hotel reservations, car reservations, etc.
5. Date and screen incoming mail, find correspondence related to the mail.
6. Keep appointment calendar up to date and be responsible that appropriate personnel is aware of daily appointments and any changes thereof.
7. Make various telephone calls at the request of the personnel. Make appointments when necessary.
8. Set up and maintain files.

COMMUNICATION

All members of the school staff should know about the program, be aware that it is part of the school activity and that it has administration support, and should know the names of the program staff. This is important in resolving conflicts between program activities and other school activities,

in referring requests for information, and in cooperation between other school personnel and the program staff.

Periodic information sessions should be held, therefore, at which an overview and progress reports of the program are offered to other school personnel by the program staff. Supplementing these meetings, *news briefs*, prepared by the program staff, are useful in refreshing memories and updating information.

PHYSICAL SET-UP

Classroom: The physical make-up and arrangement of the classroom itself can affect its value as a learning environment. It should be large enough to allow for various groups of students to work independently without interfering with each other. At least one sink and a long counter are necessary. Movable seats or desks are preferable to those fixed in set rows. The fixed rows isolate the teacher from the class and tend to encourage a lecture type of instruction which has proved to be one of the least effective teaching methods for this type of course. Movable seats, on the other hand, lend themselves to group discussion, role-playing, and small group and individual instruction. The room should be supplied with a closet or locker to protect delicate and expensive equipment and fragile student projects.

Audiovisual Equipment: Beyond the usually available school equipment (motion picture and slide projectors, tape recorders, etc.) as much additional equipment as possible should be provided. With innovative methods, each student is encouraged to learn at his own pace. Anything that can help students to augment the regular classwork by working alone or in small groups, therefore, is useful. By the use of viewing units for sound motion-pictures which operate from cartridges, students on their own can review or supplement classwork, since no threading of projectors, setting up of screens, or darkening of the room are necessary. Among companies making such equipment and the addresses from which you can obtain information are:

Fairchild Camera and Instrument Corporation
Industrial Products Division
Plainview
Long Island, N.Y. 11803

Technicolor
Valiant IMC
237 Washington Avenue
Hackensack, N.J. 07602

The Trainex Corporation has produced a large library of Health Care filmstrips which also can be used with automatic cartridge loading projectors. Information about available filmstrips and projectors can be obtained from:

Trainex Corporation
P.O. Box 116
Garden Grove, CA 92642

The units, unfortunately, are not compatible. Software designed for one company's machines will not operate on any other. A wide variety of films, however, have been produced for each type of equipment, covering many types of subject. Should a school buy a projector, it could make it available to many departments, and each could build its own subject-matter library.

In some cases purchase may not be necessary. This type of equipment is being promoted for in-service training in hospitals. Possibly the cooperating hospital has such equipment which can be made available to students in the hospital. Further, many Community Colleges and Skill Centers have this and other types of audiovisual materials. If the classroom or school can not provide necessary equipment, students occasionally can be released from class time with arrangements made to have them check into a college, hospital, or Skill Center to use audiovisual materials.

In preliminary planning, therefore, it is important to survey the community to find out what materials are already available and accessible, and where they are located.

Another type of equipment that some schools or districts consider worth obtaining is a videotape system. They feel that the initial cost — e.g., a Sony system (camera, recorder, and monitor) costs $1500 — is offset by the value of working with reusable tapes, and with available light, so that instructors can create their own tailor-made audiovisual teaching materials. The pros and cons of such a system should be weighed at the time of budget preparation and proposal writing.

Other Equipment: At an early stage in planning, the teacher must anticipate need for physical equipment. This requires a fairly clear idea of what tasks will be taught in class. As a guide, the following list presents equipment necessary for tasks taught in the eight sample "cases" making up Module Two of the UCLA Secondary School Pilot and Demonstration Project Teacher's Manual:

Scale

Height measurement

Snellen chart

Audiometer

Sphygmomanometer

Stethoscope

Percussion hammer

Tongue depressors

Otoscope

Opthalmoscope

Microscope

Paper mache figures (to simulate casting)

Splint

Guerney (stretcher)

Graphic sheet (TPR Sheet)

Thermometer

Casting equipment (stockinette, plaster of paris, bandage, adhesive, cotton padding)

Centimeter measuring stick

Urine specimen containers

Labels

Slides, reagent

Gloves, masks

Hospital gown

Soap

Sterile instrument pack (use cutdown or suture removal kit)

Hospital bed

Ice bag

Ice

Petri dishes

Cotton

Alcohol

Paper towels

Blank forms

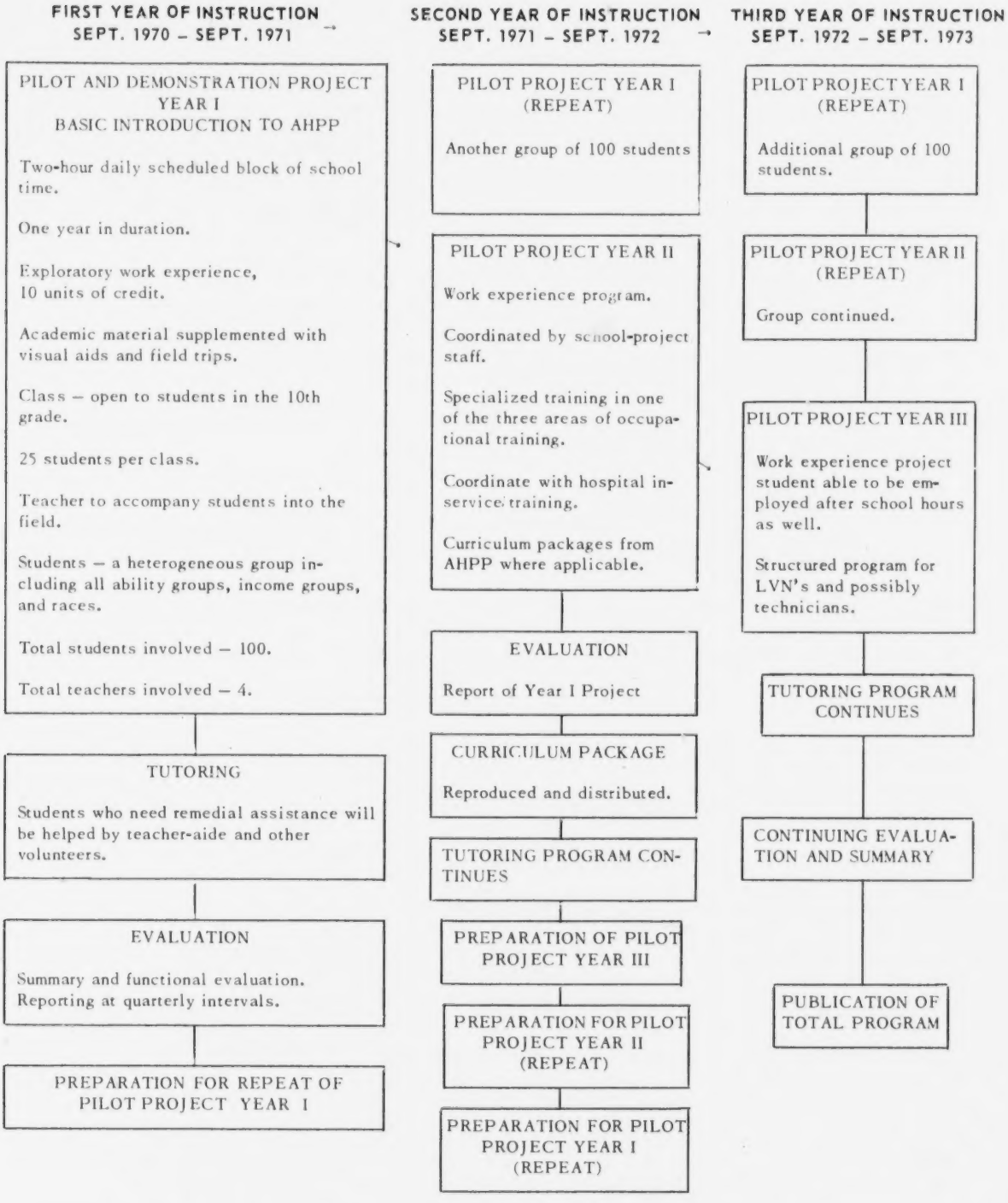
Some of this equipment can be borrowed from other school departments or the school nurse. Some may be obtained from cooperating hospitals and other health facilities. If proper liaison with the community is established, as described in Chapter One, private companies in the community may be found which will donate equipment. All of these sources can be explored in order to hold the budget within acceptable limits.

Federal Excess Personal Property: A potential source of needed equipment is property declared in excess by various Federal agencies. Any federally aided vocational education program is an eligible recipient of such property. A school district does not acquire the property directly, but requests it through the Vocational Education Section of the State Board of Education. All kinds of useful equipment are available. For details of what is available and what requisition procedures are required in your state, write to the Vocational Education Section of your State Board of Education.

Transportation: Transportation needs must be established early and prepared for. This requires knowing what sites, with alternates, will be used for field trips and for training. All transportation, private and public, available in the community should then be investigated so that the most practical and economical for the given school and community can be selected. Once again, proper community support can be helpful. At least one school offering the program found women in the community who volunteered to drive students on field trips and to work.

OUTLINE

A detailed step-by-step outline of the program should be prepared as soon as possible. Some schools may offer a two-year program, some, a three-year program. As a working model, an outline of the UCLA Demonstration Project follows. Each school can modify this plan to fit its needs, but it must then modify any UCLA materials it intends to use to conform to its own schedule.


FIRST YEAR OF INSTRUCTION
SEPT. 1970 – SEPT. 1971
SECOND YEAR OF INSTRUCTION
SEPT. 1971 – SEPT. 1972
THIRD YEAR OF INSTRUCTION
SEPT. 1972 – SEPT. 1973
PILOT AND DEMONSTRATION PROJECT YEAR I
BASIC INTRODUCTION TO AHPP
Two-hour daily scheduled block of school time.
One year in duration.
Exploratory work experience, 10 units of credit.
Academic material supplemented with visual aids and field trips.
Class – open to students in the 10th grade.
25 students per class.
Teacher to accompany students into the field.
Students – a heterogeneous group including all ability groups, income groups, and races.
Total students involved – 100.
Total teachers involved – 4.
TUTORING
Students who need remedial assistance will be helped by teacher-aide and other volunteers.
EVALUATION
Summary and functional evaluation. Reporting at quarterly intervals.
PREPARATION FOR REPEAT OF PILOT PROJECT YEAR I
PILOT PROJECT YEAR I (REPEAT)
Another group of 100 students
PILOT PROJECT YEAR II
Work experience program.
Coordinated by school-project staff.
Specialized training in one of the three areas of occupational training.
Coordinate with hospital in-service training.
Curriculum packages from AHPP where applicable.
EVALUATION
Report of Year I Project
CURRICULUM PACKAGE
Reproduced and distributed.
TUTORING PROGRAM CONTINUES
PREPARATION OF PILOT PROJECT YEAR III
PREPARATION FOR PILOT PROJECT YEAR II (REPEAT)
PREPARATION FOR PILOT PROJECT YEAR I (REPEAT)
PILOT PROJECT YEAR I (REPEAT)
Additional group of 100 students.
PILOT PROJECT YEAR II (REPEAT)
Group continued.
PILOT PROJECT YEAR III
Work experience project student able to be employed after school hours as well.
Structured program for LVN's and possibly technicians.
TUTORING PROGRAM CONTINUES
CONTINUING EVALUATION AND SUMMARY
PUBLICATION OF TOTAL PROGRAM

ACADEMIC CREDIT

Before the program is offered to students, the program designers should meet with the school or division curriculum committee to determine the type and amount of transferable credit to be given. The curriculum lends itself to being adapted to meet any school's requirements for one or more of the following subject areas: Health, Health Science, Science, Biology, Elective, in the following amounts:

Phase I: 10 hr/wk = 5 or 10 academic units (school's option)

Phase II: 1 hr = 1 academic unit up to 10 hr/wk = 10 units.

Phase III: Same as Phase II

ARTICULATION WITH POST-SECONDARY EDUCATIONAL INSTITUTIONS

In the process of adapting the curriculum to meet credit requirements, another set of requirements should be considered. In Phase III, some students should be placed in special Community College classes. To prepare for this, the college should be consulted in this early planning to determine the requirements for advanced high school seniors' admission to college courses. Further, the entire curriculum should be articulated with that of the college. Thus, required curriculum content and plans for counseling students into other required courses, if necessary, can be built into the program in the early planning stages.

CHAPTER THREE

SETTING UP THE PROGRAM IN THE HOSPITAL

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CHAPTER THREE

SETTING UP THE PROGRAM IN THE HOSPITAL

Once the program is accepted by a school district, the choice of the participating hospital or Health Care Facility must be made. In some communities, more than one hospital may be needed to supply a broad enough number of departments in which students may be placed. This chapter, concerning the selection and initial involvement of the hospital, will assume that a single hospital will be selected, because the procedures simply need to be repeated if more than one hospital is included.

SELECTION OF THE HOSPITAL

Only one hospital will be available in some communities, and its cooperation will depend upon its acceptance of the program. When a choice is possible, selection depends upon the type of hospital, the size of the hospital, the number of departments it can offer, its attitude toward the program, and its proximity to the school. A teaching hospital is preferable, because it may have funds to support this type of activity, and its operations and staff are already geared to on-the-job training.

When a tentative choice has been made, the school staff contacts the hospital administrator to obtain initial approval for the program. If interested, the administrator should appoint one person to be responsible for the program in the hospital. In a teaching hospital this usually will be the Education Director. In a non-teaching hospital, the Personnel Director or assistant usually is selected.

ESTABLISHING SCHOOL-HOSPITAL COOPERATION

When the hospital's program representative has been appointed, the coordinator meets with him or her to try to reach a mutual understanding through which both school and hospital may benefit. Together they go over the school's projected program and modify it, if necessary, to conform to procedures of the particular hospital.

At a meeting of those department heads who the administration thinks will be interested, the program is presented and the administration's support of it is made clear. Next, the coordinator and

hospital representative meet individually with the specific department heads to discuss the program as it relates to each department, to see if decisions reached at the administration level are practical at the department level.

If the department head agrees that the program will fit into that department's operations, tentative details are worked out regarding the number of students the department can accept, the best times for scheduling students into that department, and, specifically, which members of the department will be responsible for training the students. Finally, a specific list of tasks which the students will be allowed to perform in the particular hospital and department, and for which the department feels it can train them, should be agreed upon.

Next, the coordinator should meet with the clinical trainers to explain the program to them and to see if they wish to modify the plan. In all meetings with the various levels of the hospital staff, the coordinator describes the school's goals and needs, and responds to the hospital's needs. The objective is to achieve a plan satisfactory to both school and hospital. This may require more than one meeting with some of the hospital staff, interspersed with conferences with the teacher to make sure that changes required by the hospital do not conflict with teaching plans.

WRITTEN AGREEMENT

If a mutually satisfactory working arrangement can be arrived at, a written agreement between school and hospital should be prepared. A sample which can be adapted to local needs follows.

MEMORANDUM OF AGREEMENT

THIS AGREEMENT is made and entered into this Twenty-ninth day of March, between Harbor General Hospital, 1000 West Carson Street, Torrance, California 90500,

hereinafter called the "Hospital," and

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, a corporation, hereinafter called the "University."

WITNESSETH:

WHEREAS the University operates the Secondary Schools Allied Health Occupations Project, the University of California, Los Angeles, hereinafter called the "Project," which provides in co-operation with certain local schools a program for the education of allied health occupations personnel, and

WHEREAS the Hospital is willing under certain conditions to allow the Project to utilize the facilities of the Hospital for clinical experience of students enrolled in the program of the Project;

NOW THEREFORE, in consideration of the mutual covenants and conditions hereinafter contained, the parties hereto agree as follows:

1. *PERIOD OF AGREEMENT:*

   The term of this agreement shall be from October 1, 1971 until terminated as hereinafter provided. Either party may terminate this agreement by giving to the other party advance written notice of termination. Annual review of policies will be made.

2. *GENERAL DUTIES OF THE SCHOOL:*

   The "Project" shall (a) provide students for instruction at the facilities of the Hospital; (b) test and select all such students; (c) provide Clinical Instructor Training in how to teach for hospital personnel who will teach the students in the hospital, unless in specific instances other provisions are made and are mutually satisfactory to the Project and the Hospital; (d) provide curriculum and instructional materials.

3. *GENERAL DUTIES OF THE HOSPITAL:*

   The Hospital shall retain ultimate control and responsibility for supervision of patient care. The Hospital shall provide (a) such experience and observational opportunities as are of educational value; (b) adequate facilities for instructors and students, if and when available; and (c) the Hospital shall retain the responsibility for the supervision of patient care and instruction of the students in specific tasks related to the occupations they are learning.

4. *USE OF PARKING AND CAFETERIA FACILITIES:*

The Hospital shall permit the use of parking and cafeteria facilities of the Hospital by students when possible.

5. *MEDICAL AID:*

The Hospital shall provide first-aid treatment to students needing such care, but shall not be obligated to furnish any other medical or surgical service to any student. Any student returning from an absence caused by any illness or injury shall be cleared by a physician.

6. *HOSPITAL STAFF:*

The Hospital shall not decrease the normal number of its staff as a result of the assignment of students.

7. *CURRICULUM:*

The University shall plan the days and hours of the clinical experience for students in cooperation with Hospital personnel. The selection of patients for student experiences shall be made by the clinical instructors of the Hospital. All plans for observations and/or clinical experience shall be subject to the approval of the Hospital.

8. *HEALTH CERTIFICATION OF STUDENTS:*

The Project shall examine each student for physical fitness and shall provide certification that the students are in good health, and evidence of a recent chest X-ray.

9. *UNIFORMS:*

Each student shall wear a uniform designated by the Hospital.

10. *SUPERVISION OF STUDENTS:*

Each student shall be subject to the rules and regulations of the Hospital and the Project.

11. *DISCONTINUANCE OF STUDENT ASSIGNMENTS:*

The Project may whenever it deems such action necessary or appropriate for educational purposes, discontinue the assignment of any student at any time during the period of this agreement. The Hospital may, at any time, recommend the discontinuance of the assignment of a student.

12. *STATUS OF STUDENTS AND INSTRUCTORS:*

Students shall be licensees for the limited purposes expressed in this agreement. Such students shall not be deemed paid employees of the Hospital during the hours in which they are assigned to the student program. Neither party to this agreement shall be obligated to pay any monetary compensation to the other or to any student, unless specific agreements to do so are entered into.

13. *SELECTION OF STUDENTS:*

The Project shall elect students for the program but will not discriminate against any employee or applicant for employment or registration in its course of study because of race, color, creed, sex, or national origin.

14. *COMPENSATION BENEFITS:*

The University has insurance for students pursuing official activities off campus, and also carries malpractice insurance.

THE REGENTS OF THE
UNIVERSITY OF CALIFORNIA

By _____

By _____

COMMUNICATION

Chapter Two indicated that school administration should make clear to the school staff that the program has administration support. This is just as important in the hospital. In many hospitals, there are multiple training programs, and clinical trainers often are not sure why or how all the trainees are assigned to them.

An information session in which top administration presents the program to the staff is valuable. Follow-up memos are then necessary, because memories need refreshing; over a period of time there will be some changes in personnel, and the new members will need to become acquainted with the program.

CLINICAL INSTRUCTOR TRAINING

The question of Clinical Instructor Training was raised in Chapter One. It is here reiterated, because so much of the program hinges on the in-hospital experience. The fact that skilled professionals know their work thoroughly is no indication that they are able to teach what they know. Experience has shown that the ability to relate to and teach students varies widely. In setting up the program with the hospital, therefore, definite plans for Clinical Instructor Training should be agreed upon.

If the hospital has its own instructor training program, it should be augmented to include the special problems of dealing with teen-age learners. Hospitals without a training program should agree to some training for the instructors who will be involved with the students. The school may provide the service, or the hospital can apply for a Training Institute Grant as described in the funding section of Chapter One. Finally, some State Departments of Education provide this service upon request.

CHAPTER FOUR

RECRUITING AND SELECTING STUDENTS

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CHAPTER FOUR

RECRUITING AND SELECTING STUDENTS

The program should select students from all levels of academic achievement. Results indicate that although the program is not primarily remedial and can be valuable for academically motivated students, it does lend itself to bringing potential dropouts back into the mainstream. For that reason, efforts to seek them out are encouraged.

OUTREACH

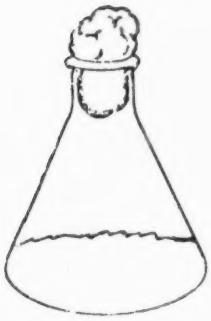
When something is offered that might be of value to successful students, they will take advantage of it. That is one reason for their success. Low achievers, on the other hand, will not respond simply to an announcement, a flyer, or bulletin. They will not investigate to find out on their own about a course or a program. The program, therefore, must make a special effort to reach them. Since the high achievers probably will look out for themselves, the recruiter's main thrust should be to encourage those students who have come to feel left out of everything. By emphasizing that past failure does not exclude students from the program, the recruiter may be able to reclaim students whose discouragement has led them to the brink of dropping out.

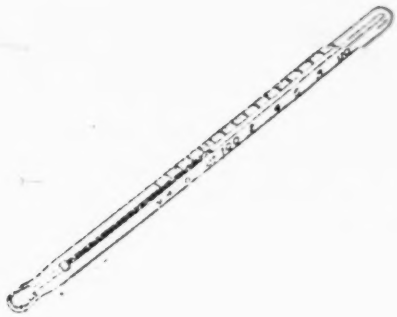
At the same time that stress is put on offering a fresh start to those on the verge of quitting, recruitment should avoid the mistake of suggesting the program as a dumping ground for all students who "just can't make it academically." High-achievers interested in a health career are also encouraged and the program can be useful to them in offering an overview of the field and preliminary training in it. In order, then, to help bring potential dropouts back into the mainstream, the program should reach out through recruitment, and in order to present the program accurately and to avoid misconceptions, the coordinator should take an active part in the recruitment.

RECRUITMENT

Since the three-phase program is designed to start in the tenth grade, recruitment must take place in the ninth grade. During the spring semester prior to the start of the program, the coordinator

contacts the principal and counselor of those junior high schools which feed into the specifically concerned high school and arranges to meet with the ninth graders in a general assembly. A few days before the assembly, he gives the junior high school counselor a supply of flyers to be distributed by teachers in the ninth grade homerooms for students to read and take home to show their parents. As has been suggested, parents are essential participants in the program, and should be informed at the earliest opportunity of what it offers. Some parents may have participated in the initial planning. New parents should be informed the moment their children are contacted. The flyer will introduce the program to them, and they can help the students decide if they should take part in it.





ENROLL IN THE NEW ALLIED HEALTH OCCUPATIONS PROGRAM

WHO MAY ENROLL?

ANYONE INTERESTED!!

YOUNG MEN!

YOUNG WOMEN!

WHAT IS THE PROGRAM?

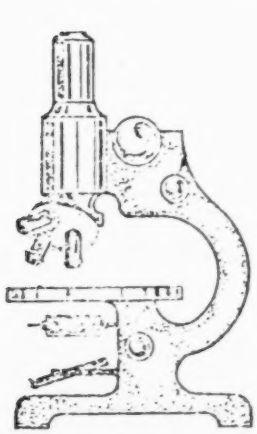
This program will introduce you to the health care field and to the many new jobs and careers available.

HOW IS THIS PROGRAM CONDUCTED?

- .... two-hour sessions each day
- .... many field trips
- .... demonstration lectures
- .... experiences in areas of hospitals
- .... participate in a work-study program
- .... on-the-job training

WHEN CAN I FIND OUT IF I FIT INTO THIS PROGRAM?

There will be an assembly in your school where you will have the opportunity to learn more about the program and fill out an application.



During assembly the coordinator presents the program and answers questions. Those students who are interested receive the following application form:

ALLIED HEALTH OCCUPATIONS
APPLICATION

School _____

Name _____ Age_____ Sex_____

Address _____ Telephone_____

What high school do you plan to attend? _____

Why are you interested in the Allied Health Occupations Program?

_____

_____

When the students are ready to leave the assembly, the coordinator collects the completed applications.

SELECTION CRITERIA

A basis for selection of the final population from among the applicants will have to be determined by the program planners. The criteria used in the UCLA Pilot and Demonstration Program, as stated in the Evaluation Report, were:

> . . . sex, grade-point average, and interest. The goal was to have a project class composed of 25 tenth-grade students in each of four inner-city schools. In each of these classes there was to be an approximately even division of the sexes of the students; and each class was to be composed of students from varying ability levels, 15 percent selected from the upper ability level (GPA from 3.0 to 4.0), 60 percent from the middle ability group (GPA from 2.0 to 3.0), and 25 percent from the lower ability level (GPA below 2.0). Each of the 100 students selected was expected to show genuine interest in the program and to express a desire to participate in or learn something about the health field.

Some communities may decide on other criteria for participation, such as a certain percentage of ethnic minority, emotionally disturbed, or handicapped students. In some cases the program will have been funded at least in part for these purposes.

INTERVIEWING APPLICANTS

All students who signed applications are interviewed by the coordinator. To save time and to provide a peer-group situation, the interviews are scheduled in groups of five or six students at a time. Given such groups, the interviewer can observe how the students relate to their peers, and can, with the agreed-upon criteria in mind, explore in some depth each individual's attitude toward the program.

SELECTION OF APPLICANTS

Following the interviews, an initial screening may be necessary to reduce the number of applicants to manageable size for sufficient individual study. This initial screening is of necessity mainly subjective, the chief criterion being the coordinator's estimate of the seriousness of the student's interest in the health field and the program. If sex balance is desired, that criterion also

may have to begin to be used in this first screening, because girls usually far outnumber boys in applying for allied health programs. Given a large enough disproportion, selection will have to be weighted immediately in favor of boys.

Further selection is made from the cumulative record of each applicant, giving consideration to grade points, test scores, attendance, and behavior. Applicants were rejected from the UCLA Project if their records showed:

1. Deep-seated emotional problem
2. Chronic illness
3. Prolonged absenteeism resulting from poor health
4. Classified as EMR, TMR, or EH

This ruled out those whom the Project was not equipped to help. All others were further considered, including some with severe truancy records. By the end of the Project's second year, in schools with a high dropout rate, 70% of the students who started with the Project were still in it, and of those who left it nearly all were still in school, having transferred to other subject areas or other schools. This fact indicates that the program can reach and help students with past academic and behavioral problems.

Additional screening is then accomplished by balancing performance, with potential, with home situation, adding opinions of ninth-grade teachers and counselors who know the students, and mixing well with a considerable amount of hunch. In anything as complex as human performance, no rigid guidelines are meaningful. Perhaps the best rule of thumb is this: In your own best judgment as experienced school personnel, select those students who you feel can benefit most from the program.

This screening should bring the number of accepted applicants close to class size, with some alternates, leaving the program free still to reconsider the students it has accepted, and allowing vacancies to be filled if any of the accepted students change their minds about the program before school scheduling closes for the semester.

PARENT INTERVIEWS:

Now the coordinator meets with tentatively selected students in another series of interviews, this time with each individual student and the student's parents. Preferably, these interviews should be in the home, literally bringing the program into the home and giving the coordinator an opportunity to observe the home situation.

In these interviews the coordinator explains the program in as much detail as parents and student desire. Materials from the Public Relations Kit provided with this Guide can be useful here. The coordinator should not, however, attempt to "sell" the program. Emphasis should be factual rather than promotional, because promises that can't be kept will make for trouble later. In line with this, it is important to be as clear and specific as possible, and to be just as definite about what the program can't do as what it can. Offers to assist students in getting jobs should not be allowed to be interpreted as guarantees of jobs.

Whenever possible in these interviews, the coordinator encourages the parents to answer the student's questions. In other words, the coordinator explains the program to the parents and they interpret it to the students. In this way the parents become more fully informed, they are enlisted as part of the program, and they can temper youthful enthusiastic exaggerations.

GUIDELINE FOR FIELD COORDINATOR INTERVIEW DURING STUDENT SELECTION PROCESS

1. Are you interested ——— ——— YES DK NO

   Orientation — This is how program works.

2. Are you still interested?
3. What do you plan to major in?
4. What did the counselor enroll you in?
5. Why are you interested in the program?
6. Do you plan to go to college?
7. What do you plan to major in?
8. What are you interested in as a major profession?
9. How are you doing in school?
10. How is your conduct in school?

ALLIED HEALTH PROFESSIONS PROJECT
Secondary Schools Project
Student Selection Grid

Sex	Grade Point Av.	No. Per School	Code
Girl	High	2	GH
Girl	Medium	8	GM
Girl	Low	3	GL
Boy	High	2	BH
Boy	Medium	7	BM
Boy	Low	3	BL

N = 25

APPLICANT SCREENING FORM

Name _____ Age____ Grade____ Sex____ Ethnic Background_____

Address _____ Telephone No. _____

Jr. H.S. _____ H.S._____ Proposed Major _____ Post-H.S. Plans _____

Relevant Cum Information: **Field Coordinator Rating:**

1. GPA: 7th_____ 8th_____ 9th_____ Overall_____
2. Test:

Type of Test	Gr.	Date	Score

3. Attendance Record _____
4. Behavioral Record _____
5. Other_____

Counselor Comments: **Field Coordinator Comments:**

Disposition (date): Self-Elimination____ Reject____ Accepted____ Hold____

Reason for Disposition:

FINAL SELECTION

A final screening, in which all screening factors are reviewed, reduces to class size the group of students whose parents approve of the program. Letters are then sent to *all* students who signed applications informing each of his or her status.

Dear Student:

We appreciate your application for the Allied Health Professions Student Program. With the large number of interested and qualified students applying, it was an extremely difficult task to select only twenty-five. Unfortunately, you were not among those selected for this first group, although we would like to have been able to include you.

Please keep your enthusiasm for the goals you have set, and be sure to apply for the Allied Health Professions Student Program again next year.

Sincerely yours,

Field Coordinator
Allied Health Professions
Student Program

Dear Student

We appreciate your application for the Allied Health Professions Student Program.

Although your ability and the interest you indicated were excellent, we could not include you in the initial program. However, your name is being placed on the alternate list, and as soon as an opening occurs, we will be delighted to invite you to participate.

It was a most difficult task to choose twenty-five students for the class from the large number of qualified applicants. There is a possibility that some of the students selected will not be able to participate in the class, and if this occurs before school starts in September, your counselor or I will contact you to join with us.

Please keep your enthusiasm for your career goals and be sure to apply for the Allied Health Professions Program again next year.

Sincerely yours,

Field Coordinator
Allied Health Professions
Student Program

We are pleased to inform you that you have been selected as one of the twenty-five students to participate in the new Allied Health Professions Student Program that will begin at _____ High School in September.

You were chosen along with 24 other students from a large number of excellent applicants. Your ability and the interest you evidenced were outstanding, and we are confident that you and the program both will benefit from your participation.

You are now being scheduled into the class. Your counselor will be in touch with you before school starts to answer any questions you may have.

Sincerely yours,

Field Coordinator
Allied Health Professions
Student Program

CHAPTER FIVE

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CHAPTER FIVE

PHASE I

In order for students to make an appropriate career choice of an allied health occupation (Objective 1), they must know what occupations exist, what tasks are performed in the occupations, what training is required, and what pay may be expected. Further, they should be given an opportunity to observe the occupations in action, and to learn how the various occupations interact with each other, and how the health team as a whole interacts with society to promote good health as well as to prevent and cure disease. Such an overview should be detailed enough so that students can decide if the health field is for them, and if so, what career is most attractive. Finally, they should be given a direct opportunity to explore for themselves, "to try on for size," some of the occupations they think they might want to go into.

To provide such an overview, the Phase I class divides its time between classroom activities and visits to various Health Care Facilities. The course of study for the tenth grade enables teachers to relate what is taught in school to what is practiced in Health Care Facilities.

The classroom activities for Phase I are described in the Teacher's Manual. It cannot be overemphasized that this Manual is a guide to assist the teacher in establishing the program in the classroom. The success of the program will depend greatly on the teacher's ability to adapt the activities to individual students. In preparing lesson plans, it is important to consider the wide range of academic abilities, the various attention-span levels and the various emotional makeups, as well as the effect of day-to-day school events on the students.

FIELD TRIPS

The classroom activities are integrated with field trips. The greater the number of actual situations the students can observe and become involved in, the more likelihood there is of capturing their interest. Field trips, then, play a big role in the program and are designed to emphasize certain facets of the health field.

The field trips for the first eight weeks of the school year are utilized to provide orientation to the Health Care System. This orientation is divided into two parts. The first three weeks are devoted to the Health Care Facility that is cooperating with the school. During this time the students familiarize themselves with the layout of the facility, learn what departments exist, what occupations are lodged in the departments, the amount of education required for various occupations, some of the tasks done by personnel in the department, and why the personnel chose the careers they did. This orientation is effected by utilizing seven days of the three-week period for actual facility visits.

The first day of the visit is spent on a tour of the facility. For the next six visits, students are assigned on a one-to-one basis to interview and observe a facility employee for a one-hour period. The students are assigned so that at least one employee in each area of every department is interviewed. Each student will have six different assignments. Some areas may have more than one student (care is taken in assigning students so that they are allowed to visit as many areas of their interest as possible). The visits are made on alternate days; on the other days, the class discusses the experiences of the visits.

The second part of the Health Care System orientation places emphasis on visits to other Health Care Facilities and agencies in the community. The purpose of these field trips is to allow the class to learn the primary functions of these facilities and agencies and their relation to the total Health Care System. Personnel titles, educational requirements, job tasks, job interest and attractiveness are specific points that the class seeks.

During the next 23 weeks, the field trips help to demonstrate how the Health Care System meets the needs of the patient. Specific case histories introduce various health care workers who deal with such cases, the tasks they perform, and the essential and related knowledge they need to perform the tasks. Whenever possible, the class is taken to the site to talk to the worker and observe the tasks. In every possible instance, the students are instructed how to perform some of the tasks. When it is impractical for the whole class to visit a particular area, a small group goes to observe and learn the task and report back to the class.

The final group of field trips are those for the four-week exploratory work experience in a Health Care Facility. Students rotate, a week at a time, through four areas of their choice. The choices are based on information they have gathered during the earlier part of Phase I. One of the objectives of the program is to prepare the student to make an appropriate career choice of an allied health occupation. The students are now able to look closer at their prime career choice, plus three other occupations. In the selected areas, students are allowed to learn and perform tasks. In addition, students are able to put into practice some of the tasks learned in class. They are also able to observe closely the health workers in their work setting. This four-week period is structured as a real work situation.

COORDINATING FUNCTIONS

The coordinating functions during Phase I of the program are extremely varied and complex. The person performing such tasks must be informed, sensitive, and aware of everything going on in the school, community, Health Care Facilities, and the homes. He must be prepared to react instantly and with good judgment to unexpected situation changes. The coordinator is the bond between program and community, program and parents, student and program, within the program itself, between the school and hospital, and also among the various levels within the school and within the hospital.

The importance of outreach has been discussed. One of the major coordinating roles is to be the outreach person. Having been involved with recruiting, selecting and parent interviewing, the coordinator should be very familiar with the students as individuals. It is important to remember that the coordinator will be personally involved with the students for three years in an attempt to help them attain a stated goal. The sooner the coordinator gets to know and understand each student, the sooner he or she is able to help the student respond to the program. If the coordinator is a separate person from the teacher, care must be taken not to divide allegiance between the two. A main function of the coordinator is to help the student attend class and be receptive to the teacher's instruction.

The outreach can take many forms, because what works with one student or coordinator will not necessarily work for another. The coordinator will discuss the students' problems with them, visit

students' homes, check to see why they are absent or why they are not responding or doing well in the program. The main goal is to encourage students to find their niches of success in the program. Another major coordinating role during Phase I is arranging field trips. As soon as possible, a tentative list of field trips should be prepared and plans made for contacting the various sites. It is important to note that the majority of the field trips will be to cooperating Health Care Facilities.

To set up the field trips in cooperating Health Care Facilities, it is essential that each department or area be treated as if it were a separate unit. The department head or supervisor should be contacted and permission requested to use the area and its personnel.

The purpose of the field trips and how they relate to the overall curriculum is then explained to the area personnel. Specific arrangements are made for such details as number of students, their ages, backgrounds, sex, the time of arrival and departure, meeting place, type of supervision and, of utmost importance, the specific information, if any, the students should be given. If students are given a list of questions to ask and information to obtain, the facility personnel should have the same list to insure that students will get the needed information.

After the initial contact with the facility supervisors, the coordinator should check back with them to answer any questions that may have arisen and to give support where needed. In the beginning, since the overall program concept will be new and unfamiliar, everything possible must be done to help alleviate their doubts and apprehensions. On the return visit, it is important once more to explain the total program and where the field trips fit into it.

Although the Health Care Facility may have accepted the program, certain factors may prevent total participation of every area at a given time. These include shortage of personnel, lack of interest, inability to meet time schedule, etc. Care should be taken to assure supervisors that their problems have been taken into consideration and that their areas can be utilized at a more convenient time.

Field trips to other agencies are arranged in basically the same fashion as in the cooperating Health Care Facility. It is very important to assume that the personnel at these sites know nothing about the program. Therefore, sufficient background information must be given at the time a field

trip request is made, to be sure that what is wanted is understood. The coordinator evaluates the facility to be sure it meets the need of the program and discusses the objectives of the program with the facility. If it does not meet the needs of the case being studied, it is better to search out another facility.

Provision of transportation for all Phase I field trips is another coordinating function. It is suggested that the cooperating Health Care Facility be located as close to the school as possible. If the facility is within walking distance of the school, it greatly reduces the cost of the program and increases the flexibility of scheduling. Wherever the facilities are located, arrangements must be made for transporting students, and it is wise to make complete transportation arrangements as early in the year as possible.

One or two days prior to a trip, the coordinator verifies all arrangements. He or she double-checks transportation preparations, and calls the facility to make sure that the agreed-upon guides and speakers are still available and that the scheduled time is still satisfactory. Every effort should be made to insure that the visit will materialize as planned. If there is any doubt, it is better to reschedule the trip at a more convenient time.

In order to be prepared for the rescheduling of a field trip, teacher and coordinator should consider an alternative when planning the trip. This will avoid last-minute frantic efforts to throw together a poorly conceived substitute.

Verifying arrangements in detail and being prepared with alternative plans are stressed because experience has shown their importance. Among negative incidents most frequently described by students on free-response forms was failure of health-care personnel to keep appointments:

"... when people don't show up for appointment."

"... waited till time almost up before lady came."

"... visiting department and department head has gone home."

"... trip to hospital when no one is there to meet us. Nothing to do."

The significance of these complaints emerges in Phase II, when clinical trainers report poor attendance as one of the chief problems in dealing with students. Since every experience is a learning

one, students who find that commitments to them are not taken seriously will not take their own seriously. Examples of tardiness and absenteeism reinforce their own tendencies toward such behavior. Getting students to report to work regularly and on time will be a major part of the coordinator's job in Phase II. That job can be made easier by preparing for it now.

HOSPITAL EXPLORATORY EXPERIENCE

The hospital exploratory experience is the climax of Phase I and the last series of field trips. The coordinator has built this experience all year by discussing it with the supervisors of the Health Care Facilities when arranging other field trips. About six weeks before it is to start, the coordinator begins to organize the details.

First, the coordinator gets from each student a list of four occupational areas (with at least two alternates) in the hospital in which he or she wishes to work. The supervisors in these areas are then contacted to make sure they are interested in the program and are willing to cooperate.

Next, the coordinator identifies the specific hospital personnel who will be involved with each student and, along with the instructors and their supervisors, establishes the specific tasks which the student can be taught and how many students may be assigned to the area at any one time.

Agreement on tasks to be taught is critical to a successful hospital experience. Some trainers may be hesitant to allow students to do much more than watch, while others may feel that they will not have time to do much training, especially with students who will only be with them for a week. Some may doubt the students' ability to learn in such a short period. But the program is designed for the students to do tasks during this period and every step necessary must be taken to see that they do. The students want 'hands on." In their evaluations, Phase I students seldom complained about being overworked, but many of them expressed disappointment and frustration with departments which did not give them enough to do.

Naturally, each hospital must make the final decisions about what goes on in its facility. Departments which refuse to offer a fair amount of training should be worked with until they understand the program and are willing to cooperate.

Given a list of cooperating areas and the list of student preferences, the coordinator sets up a rotation schedule, assigning each student to four areas, with one week in each area. As much as possible, students are given their areas of choice. Where the hospital situation makes this impossible, alternatives are worked out that are satisfactory to the student.

The rotation schedule is developed by starting with a list of students. After each student's name the departments requested by that student are written. Requests are then matched against the list of cooperating departments, and those requests for which no department is available are eliminated and substitutions made if necessary.

Now a second list is made of the cooperating departments. Opposite each department are written the names of those students requesting that department. From this list the following type of rotation schedule is filled in:

ST. MARY'S

MAY EXPERIENCE

Department	May 8	May 15	May 22	May 29
Nursing	Carr Green Murdock, D. Rodenborn	Fuertes Jakosalem Murdock, J. Steward	Estrada Jackson, S. Maiden Oldham	Dela Cruz Jackson, C. Soileau Watson Mills
Medical Record	Oldham	Watson	Fuertes	Jakosalem
Personnel	Jakosalem	Green	Jackson, C.	Fuertes
Physical Therapy	Estrada Fuertes Kenner	Carr Dela Cruz Mills	Murdock, J. Nixon Watson	Maiden Rodenborn Tyler Murdock, D.
Food Service	Jackson, C. Murdock, J.	Jackson, S.	Green Soileau	Carr
Laundry			Carr	
X-ray	Soileau Dela Cruz Kinney Jackson, S. Tyler	Jackson, C. Maiden Nixon Oldham Nunez	Forrisdahl Kenner Murdock, D. Rodenborn Mills	Estrada Murdock, J. Steward Hinton
Admitting	Watson			Green
Lab	Steward Nixon	Murdock, D. Rodenborn	Dela Cruz Nunez Kinney	Kenner Oldham
Engineering	Maiden	Forrisdahl Tyler	Hinton	Kinney Nixon
Inhalation Therapy	Forrisdahl	Kinney	Steward	Nunez
Central Supply	Mills	Estrada Hinton	Jakosalem Tyler	
Excep. Children's Home		Soileau		Jackson, S.

As each name is put into a box, the request and name are crossed out on the previous lists. When all boxes are filled, all names and requests will have been crossed out on the earlier lists.

A second rotation schedule is then developed from the first, as follows:

ST. MARY'S

MAY EXPERIENCE

Student Name	May 8	May 15	May 22	May 29
Carr, Jackie	Nursing	Physical Therapy	Laundry	Food Service
Dela Cruz, Liz	X-ray	Physical Therapy	Lab	Nursing
Estrada, Avelinda	Physical Therapy	Central Supply	Nursing	X-ray
Forrisdahl, Neil	Inhal. Therapy	Engineering	X-ray	
Fuertes, Joan	Physical Therapy	Nursing	Medical Records	Personnel
Green, Cheryl	Nursing	Personnel	Food Service	Admitting
Hinton, Manuel		Central Supply (Orderly)	Engineering	X-ray
Jackson, Carolyn	Food Service	X-ray	Personnel	Nursing
Jackson, Salinda	X-ray	Food Service	Nursing	Excep. Children's Home
Jakosalem, Dora	Personnel	Nursing	Central Supply	Medical Records
Kenner, Keith	Physical Therapy		X-ray	Lab
Kinney, John	X-ray	Inhal. Therapy	Lab.	Engineering
Maiden, Albert	Engineering	X-ray	Nursing	Physical Therapy
Mills, Donna	Central Supply	Physical Therapy	X-ray	Nursing
Murdock, Debbie	Nursing	Lab	X-ray	Physical Therapy
Murdock, John	Food Service	Nursing	Physical Therapy	X-ray
Nixon, Thomas	Lab	X-ray	Physical Therapy	Engineering
Nunez, Jamie		X-ray	Lab	Inhal. Therapy
Oldham, Donna	Medical Records	X-ray	Nursing	Lab
Rodenborn, Laura	Nursing	Lab	X-ray	Physical Therapy
Steward, Kim	Lab	Nursing	Inhal. Therapy	X-ray
Soileau, Vanessa	X-ray	Excep. Children's Home	Food Service	Nursing
Tyler, Archie	X-ray	Engineering	Central Supply	Physical Therapy
Watson, Vanessa	Admitting	Medical Records	Physical Therapy	Nursing

Each department receives a copy of the first schedule showing which students and how many to expect each week. Students receive a copy of the second schedule telling them where they are to report each week.

Before students report to the hospital, the coordinator informs each clinical instructor about the student(s) he or she will instruct. The information includes academic ability, personality traits, and any special problems particular students may have.

When Phase I students are in the hospital, both teacher and coordinator should be present at all times to handle any problems that may arise. Their whereabouts in the hospital should be known to both the instructors and the students.

TRAINING IS THE RESPONSIBILITY OF THE HOSPITAL CLINICAL INSTRUCTORS and difficulties directly related to it should be dealt with by them. They should not, however, have to interrupt their work to discipline recalcitrant students. They should feel free to turn any serious behavior problems over to school personnel who are in the hospital for this purpose.

The coordinator and the teacher are present also to support and aid the students. Students are in a new and unfamiliar environment and might be overwhelmed by personality difficulties with their clinical instructors. They should report to the more familiar school personnel, who can assist such students to cope with the problems or, as a last resort, transfer them to other areas. Other students may discover that they are either disenchanted by an area they had selected, or, in some cases, that they may not be able to cope with it. Students who thought they would enjoy nursing, for example, may be traumatized by a patient's death. While not catering to whims, the coordinator should keep schedules flexible, and should be prepared to reassign students and to readjust rotations.

ONGOING LIAISON

Communication is one of the most crucial needs of the program. This means communication at all levels: between the program and the community, between the program and the students, between the program and the parents, within the program itself, between the school and the hospital, as well as with the various levels within the school and within the hospital. Main responsibility for establishing and maintaining communication rests, as the job title suggests, with the coordinator.

Community: The Advisory Committee is an immediate contact with the broader community. As a supplement to the committee meetings, the program should send periodic progress reports to each member of the committee.

The coordinator establishes contacts with the local press, including radio and television, sends out press releases, and invites reporters to cover the program. Announcements of special program activities, such as Ecology Exhibits, are sent to the press. Publicity can be useful in building student morale and motivation, in obtaining cooperation from facilities for field trips and work-study sites, and in Phase III, it will help pave the way to potential employers.

The coordinator should make known his or her availability as a speaker to explain the program to community organizations and to groups of interested citizens.

Parents: Both teacher and coordinator should keep parents of students in the program regularly informed of the performance of their children. When problems arise in which parents might be helpful, such help should be sought not by a routine note home, but by a phone call or a visit to the home.

At least once every school year, there should be meetings with each individual student, his or her parents, the teacher, the coordinator, and the counselor, to counsel and guide the student in choosing or confirming the choice of a career goal and then moving toward it.

Finally, regular meetings of all parents should be held to review the program. To insure full participation, these meetings should be scheduled in the middle of the semester rather than near the end, because the final weeks of each semester are filled with extracurricular activities to which parents are invited. Beyond a letter announcing the meeting, a phone call to each parent the day before the meeting is useful in promoting good attendance.

Students: Beyond student contact with the teacher in class, the coordinator should meet regularly with individual students to discuss any personal problems in the home, in the school, or in the hospital. Students should be encouraged to express openly both positive and negative feelings. This is important for counseling, guidance, and program evaluation purposes. Student suggestions can often be useful in modifying the program. Such suggestions, for example, resulted in a change in the physical makeup of the Student Manual in the UCLA Pilot Project.

School: Communication within the school among various members of the program staff, the program, the administration and other school personnel, as outlined in Chapter Two, continues to be of vital importance. Many problems can be avoided and others solved by cooperative efforts which depend upon a free flow of information.

Hospital: The same is equally true in the hospital. In particular, the program must be kept visible so that it does not get lost in the plethora of other hospital activities.

Between School and Hospital: Having established inter-institution communication in setting up the program, as described in Chapter Three, the coordinator must now continue it. Hospital goals and needs do not necessarily coincide with those of the school. Differences will have been resolved by early agreements, but as time goes on, some individuals may forget what was agreed upon, while new differences not anticipated are bound to arise. It is constantly necessary to clarify the needs of the school and of the hospital in order to continue to find working arrangements in which both can be served. The school should not dictate to the hospital how the program is to be run, nor should the hospital dictate to the school.

To insure agreement between school and hospital at all levels within each, it is very wise to have as much information as possible in writing. After each conference, put in writing your understanding of what was agreed upon. Send a copy of the memorandum to the persons with whom you conferred to see if the understanding is the same. These memos should not be used to pressure anyone into accepting your interpretation, nor should they be treated as binding contracts from which no one may deviate. Procedures may be changed when conditions warrant it. The point is simply to recognize what has been agreed upon and to know when changes have occurred. The working relationship should be one of cooperation, and the purpose of the memo is simply to pinpoint and eliminate misunderstandings.

The importance of communication cannot be overemphasized. The staff of the UCLA Pilot Project is satisfied that nearly all the serious problems that developed on the Project were a result of breakdowns in communication. Hindsight dictates the cautions that have been given above.

Tutoring: Tutoring is a very useful component of the program. High school students in the higher grades, especially those in the later phases of this program, are a good source of tutors. The teacher or coordinator can arrange for this type of assignment. When college students are brought in as tutors, the coordinator contacts the college to make arrangements.

PREPARING NEW PHASE I

In the spring semester, the coordinator returns to the junior high schools to recruit students for next year's Phase I. This is simply a repeat of the procedures described in Chapter Four.

EVALUATION

Evaluation is essential as a means of measuring the progress of the students and of the program itself. Furthermore, it is a source of feedback for pinpointing strong and weak spots, leading to modification and steady improvement of procedures. It should be a continuing feature of the program, although care must be taken not to overburden students with so much paperwork that they will be "turned off." Minority students, in particular, aware of the uses to which testing has been put as a tool of discrimination, are understandably test-resistant. For this reason, the bulk of testing should take place in the second half of the school year, when students are familiar with the program and feel themselves accepted by it. Moreover, much of their part in evaluation should be the opportunity to express their feelings about the program, so they can feel that *it* rather than *they* are being tested. Some pre-testing may be necessary, but it should be kept to a minimum.

At the end of the Phase I hospital experience, the clinical instructor fills out the following evaluation form for each student; this becomes part of the total evaluation.

PERFORMANCE APPRAISAL

Name: Hospital: Department:

School: Date of Work:

INSTRUCTIONS: This form should be used to evaluate employee performance. It should be reviewed with the employee. Place a check in the space which best expresses your judgment.

1. QUALITY OF WORK	Unsatis-factory ( )	Satis-factory ( )	Above Average ( )
2. QUANTITY OF WORK	Substandard ( )	Average ( )	High ( )
3. POTENTIAL	Doubtful ( )	Promising ( )	Above Average ( )
4. ATTITUDE	Indifferent ( )	Normal Interest ( )	Enthusiastic ( )
5. COOPERATION WITH OTHERS	Antagonistic ( )	Satisfactory ( )	Supportive ( )
6. JOB SKILL	Low ( )	Adequate ( )	Good ( )
7. INITIATIVE	Needs Prodding ( )	Does Assigned Work Well ( )	Seeks Tasks to be done ( )
8. APPEARANCE	Satisfactory ( )	Passable ( )	Must Improve ( )
9. ATTENDANCE	No. of Days Present		

COMMENTS: _____

_____

SIGNATURE OF IMMEDIATE SUPERVISOR _____ DATE _____

SIGNATURE OF EMPLOYEE RATED _____ DATE _____

Students and parents also participate in the evaluation. Besides verbal evaluation elicited in continuing conferences with the coordinator, in the final week of the school year students are asked for a written evaluation. The following forms can be used in evaluation to reveal student attitudes toward the program, their plans for the future, and their knowledge of health occupations. The last set of forms (page 85) is for parents' evaluation of the program. This set is duplicated in Spanish for those parents in Southern California who speak only Spanish.

CRITICAL INCIDENT REPORT

Directions to student:

During the past semester you have done many things in the Secondary School Program. As you recall these experiences, do you remember some of them that were much more interesting and much more useful to you than the other experiences in the Project?

In the spaces provided, will you please very briefly describe the one *most interesting and useful* experience you had in the Project at *school* and the one *most interesting and useful* experience you had in the Project at a *Hospital* or *Health Care Facility:*

My Most Interesting and Useful Experience

in the Program at School

My Most Interesting and Useful Experience

in the Program at the Hospital

or Health Care Facility

Now, please think again about your experiences in the Program. Do you recall some that were less interesting and less useful than others?

In the spaces provided, will you please very briefly describe the one *least interesting and least useful* experience you had in the Program at *school* and the one *least interesting and least useful* experience you had in the Program at the *Hospital* or *Health Care Facility:*

My Least Interesting and Least Useful Experience
in the Program at School

My Least Interesting and Least Useful Experience

in the Program at the Hospital

or Health Care Facility

SECONDARY SCHOOL ALLIED HEALTH OCCUPATIONS PROGRAM

Occupational Plans

Directions to students:

Some of you have decided upon the occupation you are going to enter, and some of you have not.

If you have decided, write your occupational choice at the top of the attached sheet of paper, and then list the steps you will have to take to enter it. For example:

Policeman

1. Take a general course in high school.
2. Pass police qualifying examination.
3. Go to Police Academy for training.

If you have not decided, write about why it has been hard for you to make a choice and what you plan to do about it. Have you thought about a lot of occupations, or just a few? Have you talked to anyone about choosing an occupation, or not? How long do you think you can wait before you make a choice? Write about these questions and anything else that comes to mind about choosing an occupation.

SECONDARY SCHOOL ALLIED HEALTH OCCUPATIONS PROGRAM

Student Evaluation of Hospital Experience

NAME: DATE:

DEPARTMENT:

1. Was this visit interesting? _____

2. What tasks did you learn in this department? _____

_____

_____

_____

3. How would you rate your performance?

Excellent _____ Good _____ Fair _____ Poor _____

4. Do you feel you could have been better prepared for this visit?

_____ . How? _____

_____

_____

5. Would you like to return to this department? _____ Why? _____

_____

_____

_____

_____

SECONDARY SCHOOL ALLIED HEALTH OCCUPATIONS PROGRAM

Employer's Progress Report
Work Experience Education Program

Employer _____ Date _____

The student's grade for work experience will depend to a very large extent on your evaluation. Would you please indicate on the following chart the rating that best describes

_____
Name of Student

	Excellent	Above Average	Average	Needs to Improve	Unsatis-factory
1. Attendance					
2. Dependability					
3. Initiative					
4. Job Competence					
5. Progress on Job					
6. Relations with Others					
7. Appearance					

Employer's comments: _____

_____

_____

Has the student averaged ten hours or more on the job each week? Yes_____ No _____

_____
Employer's Signature

SECONDARY SCHOOL ALLIED HEALTH OCCUPATIONS PROGRAM

Students' Evaluative Opinions

Directions to students:

In the left-hand column below are questions about what you have learned in the Secondary School Allied Health Program this year. In the right-hand column are spaces for you to check your answers. Please place a check mark (✔) in the space that best describes the amount of progress that you think you have made.

This is not a test. There are no right or wrong answers. Do not sign your name.

Questions	**My Opinion about My Progress this Year** (Check only one answer for each question.)
1. How much progress have you made in developing your ability to tell what workers do in several allied health occupations?	_____None _____Little _____Quite a bit _____Much _____Don't know
2. How much progress have you made in developing your ability to explain steps necessary to enter an allied health job, including the training and educational background needed?	_____None _____Little _____Quite a bit _____Much _____Don't know
3. How much progress have you made in developing your ability to make a wise vocational choice?	_____None _____Little _____Quite a bit _____Much _____Don't know

4. How much progress have you made in developing your ability to demonstrate knowledge of how Health Care Facilities operate?

_____None
_____Little
_____Quite a bit
_____Much
_____Don't know

5. How much progress have you made in developing your ability to perform basic skills in selected allied health occupations?

_____None
_____Little
_____Quite a bit
_____Much
_____Don't know

6. How much knowledge have you gained about how Health Care Facilities operate?

_____None
_____Little
_____Much
_____Don't know

7. How much progress have you made in your ability to identify and describe the functions of specific equipment used in the Health Care System?

_____None
_____Little
_____Quite a bit
_____Much
_____Don't know

8. How much have you improved your behavior appropriate to the world of work (dependability, attendance, personal appearance, etc.)?

_____None
_____Little
_____Quite a bit
_____Much
_____Don't know

9. How much have you gained in your ability to maintain your own health through the use of appropriate health care?

_____None

_____Little

_____Much

_____Don't know

10. How much have you gained in your ability to refer your family and friends to appropriate health care facilities?

_____None

_____Little

_____Quite a bit

_____Much

_____Don't know

KNOWING ABOUT JOBS

NAME _____ SCHOOL _____

DATE _____

I. Following are two lists, "A" and "B." List "A" contains some occupational titles you have studied this year.

List "B" contains either definitions of the title, or the tasks performed by the person holding that title.

Match List "A" with List "B" by placing the correct letter in the right blank in front of each number in List "B."

List A

A. Midwife

B. Admitting Clerk

C. Ward Clerk

D. Pharmacist

E. Public Health Sanitarian

F. Nutritionist

G. Maid

H. Physical Therapist

I. Operating Room Technician

J. Nurse

K. Public Health Investigator

L. Orthopedic Technician

M. Orthopedic Surgeon

N. Laboratory Technician (Technologist)

O. Social Worker

P. Laboratory Assistant

Q. Business Office Clerk

R. Public Health Nurse

S. Dental Hygienist

T. Inhalation Therapist

List B

_____1. Verifies pregnancy by laboratory analysis of urine specimen.

_____2. Maintains files.

_____3. Counsels on problems related to pregnancy.

_____4. Educates expectant mothers on importance of good dental practices.

_____5. Enters patients into hospital.

_____6. Performs tasks necessary to delivery.

_____7. Responsible for keeping patient's chart up-to-date.

_____8. Administers ordered medication.

_____9. Cleans room for patient.

_____10. Determines, from radiologist's reports, type of treatment needed for fractured leg.

_____11. Aids physician putting broken leg in case.

_____12. Teaches the patient daily activities.

_____13. Investigates stores and food sources for good health practices.

_____14. Tests water supply to make sure it is safe for public use.

_____15. Vaccinates children who are brought to a health clinic for that purpose.

_____16. Makes up drug orders.

_____17. Makes materials available for family food planning.

_____18. Assists surgeon during surgery by passing requested instruments.

_____19. Administers oxygen to patient.

_____20. Under proper supervision, is able to test urine for sugar.

II. List "C" contains the titles of several entry-level jobs. Each job has a "career ladder" which makes it possible to progress from the entry-job to a more advanced position, after gaining the necessary job experience or completing additional education.

Select an advanced position in List "A" for each of the occupations in List "C," and write the letter in the blank preceding the entry-job.

List C

_____1. Clerical Aide

_____2. Food Service Worker

_____3. Central Supply Worker

_____4. Operating Room Technician

_____5. Community Health Worker

_____6. Rehabilitation Aide

_____7. Cast Room Aide

_____8. Prescription Clerk

_____9. Medical Laboratory Assistant

III. Below are listed three major areas that are generally used to categorize allied health occupations. In other words, the occupations within each area would have several tasks in common that make it different from either of the two other areas.

Select the occupations from List "C" that are included in each of the three areas and place the number of the occupation in the blank spaces following each area.

1. Patient Care _____ , _____ , _____ .

2. Technical and Clinical Occupations _____ , _____ , _____ .

3. Facilities Support _____ , _____ , _____ .

STUDENT INTEREST INVENTORY

Directions

On the following pages, place a check in the appropriate column for each item listed. There is no "right" or "wrong" answer. No grade will be given, and you need not sign your name. Your additional suggestions will be very helpful; space is provided for them at the end of each list, and the opposite side of the sheet may be used if needed.

CURRICULUM TOPICS	VERY INTERESTING	INTERESTING	UNINTERESTING	VERY UNINTERESTING	NOT COVERED IN CLASS
1. Introduction to AHPP: hospital observation					
2. Folk Medicine, Quackery					
3. Midwifery					
4. Relationship of the individual to community health and social problems, e.g., V.D., Alcoholism, Rubella					
5. Components of the Health Care System – hospitals, clinics, and other community health agencies					
6. Problems of the present health care system					
7. Health manpower needs					
8. Health insurance					
9. Case I – High School Physical					
10. Case II – Fractured Leg and Hospitalization					
11. Case III – Environmental Health; Sanitation and Food Processing					
12. Case IV – Pollution Problems; Emphysema					
13. Case V – Maternal and Child Care					
14. Case VI – Mental Health and Drug Overdose					
15. Ethics of the Healing Arts					
16. The Health Worker and The Law					
17. The Role of the Learner					
18. Hospital Experience					

SUGGESTIONS REGARDING CURRICULUM TOPICS FOR NEXT YEAR:

2

TASKS	VERY INTERESTING	INTERESTING	UNINTERESTING	VERY UNINTERESTING	NOT COVERED IN CLASS
1. Measuring weight using balance scale, measuring height					
2. Performing vision test using Snellen Chart					
3. Taking pulse using a stopwatch					
4. Taking temperature, using Fahrenheit thermometer					
5. Testing reflexes using a percussion hammer					
6. Listening to heart with stethoscope					
7. Taking and recording blood pressure with sphygmomanometer					
8. Taking respiration rate					
9. Performing urine tests					
10. Filling out hospital admission forms					
11. Filling out medical history and physical forms					
12. Filling out health insurance forms					
13. Bed-making					
14. Blood typing					
15. Splinting a broken leg					
16. Interviewing health personnel and others					
17. Terminal digit filing					
18. Alphabetical filing					
19. Contacting community services on telephone					
20. Placing patient on guerney and transporting					

TASKS, CONTINUED

	VERY INTERESTING	INTERESTING	UNINTERESTING	VERY UNINTERESTING	NOT COVERED IN CLASS
21. Performing closed cardiac massage					
22. Performing artificial respiration, mouth-to-mouth resuscitation					
23. Streaking and examining agar for bacterial growth					
24. Performing PKU test					
25. Taking blood count					
26. Positioning a patient (postural drainage)					
27. Using microscope					
28. Measuring vital capacity with spirometer					
29. Designing meal plans					
30. Measuring with a centimeter ruler					
31. Autoclaving					
32. Casting					
33. Walking on crutches					
34. Hydrotherapy					
35. Taking dictation and recording vital signs					
36. Analyzing and evaluating health information (quackery, folk medicine)					
37. Treating patient for shock					

SUGGESTIONS REGARDING TASKS FOR NEXT YEAR:

LEARNING METHODS	VERY INTERESTING	INTERESTING	UNINTERESTING	VERY UNINTERESTING	NOT COVERED IN CLASS
1. Role-playing improvisations					
2. Debates					
3. Making posters, cartoons, drawings, charts, exhibits					
4. Reading aloud – teacher					
5. Reading aloud – student					
6. Independent reading					
7. Classroom discussion, "rap" sessions					
8. Guest speakers					
9. Demonstrations by teacher or guest					
10. Lectures					
11. Report-writing					
12. Presenting reports or individual research to class					
13. Films, slides, records, other audiovisuals					
14. Library research					
15. Performing plays, skits, charades, games					
16. Performing lab activities, hospital tasks in classroom					
17. Programmed learning modules					
18. Keeping personal notebooks, occupational files					
19. Interviewing hospital personnel (others also)					
20. Buddies					

LEARNING METHODS, CONTINUED

	VERY INTERESTING	INTERESTING	UNINTERESTING	VERY UNINTERESTING	NOT COVERED IN CLASS
21. Tutors					
22. Field trips to Health Care Facilities					
23. Collecting health-related information					

SUGGESTIONS REGARDING METHODS FOR NEXT YEAR:

FIELD TRIPS

	VERY INTERESTING	INTERESTING	UNINTERESTING	VERY UNINTERESTING	NOT COVERED IN CLASS
1. St. Francis Hospital – Introductory Hospital Observations					
2. Martin Luther King Hospital – Visit Site					
3. Kedren Clinic – Mental Health					
4. Florence-Firestone Health Center – Drug Abuse, etc.					
5. South District Health Center – Sanitarians					
6. UCLA – AHPP Office Pollution Exhibits					
7. Griffith Park – Toyon Canyon Land-Fill Site					
8. Harbor General Hospital – Orthopedic Service					
9. Children's Hospital – Adolescent Clinic					
10. St. Francis – Internship					

SUGGESTIONS REGARDING FIELD TRIPS FOR NEXT YEAR:

CLASSROOM VISITS

	VERY INTERESTING	INTERESTING	UNINTERESTING	VERY UNINTERESTING	NOT COVERED IN CLASS
1. Kedren Clinic – Mental Health Workers					
2. State Health Department – Quackery Lecture and demonstration					
3. Private Physician – Physical Examination					
4. Schaeffer Ambulance Service – Demonstration of emergency procedures					
5. South Health District (Ward/Willis) – Sanitarians					
6. Centinela Valley Community Hospital Inhalation Therapist					
7. Southwest Health Center – Film and discussion on maternal & child health					
8. Marina Mercy Hospital – Demonstration blood typing – Laboratory Technician					
9. Allied Health Classes – Hawaii 5–0 film on Quackery					
10. APCD – Air Pollution Speaker					
11. Florence-Firestone Health Center – Talk on health education – Student Recruitment Coordinator					

SUGGESTIONS REGARDING CLASSROOM VISITS FOR NEXT YEAR:

PARENT'S EVALUATIVE MEETING

AGENDA

1. Brief description of Project and objectives.
2. Ask parents what questions they presently have about Program; discuss topics.
3. Inform parents of evaluation procedures and results to date.
4. Ask parents their opinion about Program.
5. Ask parents if they foresee any problems; what areas they would like to see improved.
6. Explain the parent evaluation questionnaire.
7. Ask for further questions and suggestions.

SECONDARY SCHOOL ALLIED HEALTH OCCUPATIONS PROGRAM

Parent's Evaluative Opinions

Directions to parent:

In the left-hand column below are questions about what your son or daughter has learned in the Secondary Schools Allied Health Program this year. In the right-hand column are spaces for you to check your answers. Please place a check mark (✓) in the space that best describes the amount of progress that you think (he or she) has made.

This questionnaire indicates your attitude about the program. There are no right or wrong answers. Do not sign your name.

Questions	**My Opinion about My Son's or Daughter's Progress this Year** (Check only one answer for each question.)
1. How much progress has your son or daughter made in developing his or her ability to tell what workers do in several allied health occupations?	_____None _____Little _____Quite a bit _____Much _____Don't know
2. How much progress has your son or daughter made in developing his or her ability to explain the steps necessary to enter an allied health job, including the training and educational background needed?	_____None _____Little _____Quite a bit _____Much _____Don't know
3. How much progress has your son or daughter made in developing his or her ability to make a wise occupational choice?	_____None _____Little _____Quite a bit _____Much _____Don't know

4. How much progress has your son or daughter made in developing his or her ability to demonstrate knowledge of how Health Care Facilities operate?

_____None
_____Little
_____Quite a bit
_____Much
_____Don't know

5. How much progress has your son or daughter made in developing his or her ability to perform basic skills in selected allied health occupations?

_____None
_____Little
_____Quite a bit
_____Much
_____Don't know

6. How much knowledge has your son or daughter gained about how different Health Care Facilities operate?

_____None
_____Little
_____Quite a bit
_____Much
_____Don't know

7. How much progress has your son or daughter made in his or her ability to identify and describe the uses of specific equipment in the Health Care System?

_____None
_____Little
_____Quite a bit
_____Much
_____Don't know

8. How much progress has your son or daughter made in developing attitudes and behaviors appropriate to the world of work (dependability, attendance, personal appearance, etc.)?

_____None
_____Little
_____Quite a bit
_____Much
_____Don't know

9. How much ability has your son or daughter gained in maintaining his or her own health through the use of appropriate health care?

_____None
_____Little
_____Quite a bit
_____Much
_____Don't know

10. How much ability has your son or daughter gained in giving your family and friends helpful information about Health Care Facilities?

_____None
_____Little
_____Quite a bit
_____Much
_____Don't know

PROYECTO DE ESCUELA SECUNDARIA

Opiniones Evaluativas De Los Padres

Direcciones Para Los Padres:

A la izquierda de esta pajina bajo hay preguntas tocante lo que su hija/hijo ha aprendido en un proyecto de la escuela secundaria este semestre. A la derecha de cada pregunta hay cinco categorias en donde usted puede opinar las contestaciones. Favor de indicar con palomitas (✔) en la linea frente de la contestacion que mejor describe el aumento de progreso que usted opine su hija/hijo ha hecho.

Este cuestanario sirve para indicar su actitud sobre el proyecto. El valor de sus contestaciones sirve para indicar solamente ésto y por esta razón no puede dar contestaciones incorrectas. Finalmente, no es necesario firmar su nombre.

Preguntas	**Mi opinion a base del projecto de mi hija/hijo este ano es:** (Marque solamente una contestacion para cada pregunta)
1. ¿Cuanto progreso ha hecho su hija/hijo en su abilidad de decir lo que hacen los trabajadores en varias occupationes del bien estar?	_____Nada _____Poco _____Bastante _____Mucho _____No Se
2. ¿Cuanto progreso ha hecho su hija/hijo en su abilidad de explicar las escalas necesarias para entrar en las carreras alliadas del bien estar incluyendo los requisitos educacionales y previo entrenamiento?	_____Nada _____Poco _____Bastante _____Mucho _____No Se
3. ¿Cuanto progreso ha hecho su hija/hijo en el desarollo de abilidad para inteligentemente escoger una ocupacion?	_____Nada _____Poco _____Bastante _____Mucho _____No Se
4. ¿Cuanto progreso ha hecho su hija/hijo en el desarollo de abilidad para demonstrar su entendimiento tocante la operacion de centros del bien estar.	_____Nada _____Poco _____Bastante _____Mucho _____No Se

5. ¿Cuanto progreso ha hecho su hija/hijo en el desarollo de abilidad para ejecutar tareas basicas en selectas ocupaciones del bien estar?

_____Nada
_____Poco
_____Bastante
_____Mucho
_____No Se

6. ¿Cuanta sabiduria a acumulado su hija/hijo acerca de las operaciones de diferentes centros clinicos del bien estar?

_____Nada
_____Poco
_____Bastante
_____Mucho
_____No Se

7. ¿Cuanto progreso a hecho su hija/hijo en su habilidad de identificar y descibir el uso de apartos especificos en el sistema de la salud del bien estar?

_____Nada
_____Poco
_____Bastante
_____Mucho
_____No Se

8. ¿Cuanto progreso a hecho su hija/hijo en formarse actitudes y conducta apropiada en el envirio de trabajo (asistencia, aparencia personal, etc.)?

_____Nada
_____Poco
_____Bastante
_____Mucho
_____No Se

9. ¿Cuanta abilidad a tenido su hija/hijo en el mantenimiento de su mismo bien estar personal mediante el uso de métodos apropiados de salud del bien estar?

_____Nada
_____Poco
_____Bastante
_____Mucho
_____No Se

10. ¿Cuanto progreso ha hecho su hija/hijo en abilidad de dar información util a su familia y amigos acerca de centros y facilidades aprovechables de salud del bien estar?

_____Nada
_____Poco
_____Bastante
_____Mucho
_____No Se

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CHAPTER SIX

PHASE II

In Phase I, students were given an overview of the entire Health Care System which provided them with information necessary to make intelligent choices within the system. Each student was then asked to select four occupations he or she might be interested in pursuing as a career and was allowed to examine these occupations in more detail during the one-month Phase I work experience. The students were placed in areas where these occupations existed. On the basis of this experience, each student chose an area to concentrate on during Phase II and now will have the opportunity to explore the chosen occupation in more depth. Students will spend the entire school year learning, observing and performing tasks of these occupations. They will also become acquainted at first hand with the functions of the departments. Further, they will be developing vocational maturity through the processes of reporting regularly for work, responding to supervision, associating and communicating with adults, and being part of real work situations. The goal of such experiences is to give them more information on which to make career choices, and to provide them with enough skills and necessary work habits to make them employable in the Health Care System at least at the entry level.

COURSE OF STUDY

The course of study for Phase II consists of an organized list of tasks that the student will be taught during the year. This task list is developed jointly by the clinical instructor and the coordinator. The final task list for an area evolves as the student learns during the year, but it begins from a list of tasks that the coordinator and the instructor agree can be taught to high school students. Details on developing the list will be given later in this chapter.

COUNSELING AND GUIDANCE

During Phase II, counseling and guidance of the student continue to comprise a large part of the

program. Althcugh the students have been given close personal guidance during Phase I, it is important to remember that whatever is necessary to insure continued educational growth of the students must be done.

CLINICAL INSTRUCTOR

Much of the success of Phase II depends upon the clinical instructor who will work with the students. The instructors are the regular staff workers in the chosen area who are interested in working with students. They should be able to teach the tasks they perform, to relate to high school students, and should provide a positive image of a reliable and conscientious worker who practices as well as preaches good work habits.

Beyond the actual teaching of tasks, the instructor must adjust to the student's presence as well as fit the student's training into the daily work schedule. Although this can easily be done by some workers, others may find it to be a major stumbling block. Some staff workers will insist they haven't time for the students, some may give them nothing to do, and others may teach a few simple tasks which students are then expected to repeat throughout the school year. In any case, where the potential instructor has problems grasping the role of dealing with students, steps must be taken to clarify what is needed.

Once the potential instructors for the program have been identified, a workshop designed to show them how to deal with the students should be held. In addition to this workshop, a Clinical Instructor Training course should be held for the instructors. This course trains them how to teach tasks quickly and efficiently and how to combine instruction with work. A summary of the essentials of such training is offered here. Efficient task training rests on a two-part, four-step program, as shown below:

HOW TO GET READY TO INSTRUCT

1. **Make a Job Breakdown**
   - — List important steps
   - — Pick out key points (safety is always a key point)
2. **Make a Course Outline**
   - — List what you expect the learner to be able to do
3. **Have the right equipment, materials and supplies**
4. **Have the workplace properly arranged**
   - — Just as the worker will be expected to keep it

HOW TO INSTRUCT

Step 1 - PREPARATION
- (1) Put him at ease
- (2) State the job and find out what he already knows about it
- (3) Get him interested in learning the job
- (4) Place him in the correct position

Step 2 - PRESENTATION
- (1) Tell, show, and illustrate one IMPORTANT STEP at a time
- (2) Stress each KEY POINT
- (3) Instruct clearly, completely, and patiently, but no more than he can master

Step 3 - APPLICATION
- (1) Have him do the job, correct errors
- (2) Have him do the job again as he explains each KEY POINT to you
- (3) Ask questions to make sure he understands
- (4) Have him do the job over until YOU know HE knows

Step 4 - TEST
- (1) Put him on his own
- (2) Ask questions on key points
- (3) Check frequently, praise good work, reinstruct to correct poor work

Beyond knowing how to teach tasks, the successful clinical instructor is able to balance training time with student service to the department. The instructor begins by taking time to teach a simple task. When the student learns that task, he or she is expected to perform it often enough to repay in work the time required for teaching. The departmental time saved by the student's work makes it possible to release new time for further teaching of theory as well as new tasks. Thus the department benefits by utilizing the student's services, and the student is pleased by being kept busy, by feeling useful, and by steadily learning. In such an atmosphere, students are also prepared to learn by observation. Against a background of meaningful activity, they will be satisfied to spend some time simply watching the performance of tasks that are at that point beyond their own capabilities. The instructor, busy at his or her own work, can still be training the students by explaining what is going on and by answering questions while working.

TASK LIST

Task training is the basis of Phase II. To organize the training, a task list is essential so that the student, school, and hospital understand what is expected and, later, what has been accomplished.

The specific tasks taught will vary from department to department, and facility to facility. In some instances, facility policy will determine what tasks students will be allowed to perform. Then the department head and clinical instructor will have their own ideas of what students in general can be taught, and what each student individually is capable of.

The following form can be used for listing the tasks, and for recording the number of times a month a student performs any given task:

MONTH: _____

FREQUENCY OF TASK PERFORMANCE

HOSPITAL: _____ SUPERVISOR (S): _____ STUDENT: _____

DEPARTMENT: _____ _____ TOTAL DAYS PRESENT: ☐

CHECK(✓) IF PRESENT DAY →

ACTIVITY	TASK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	FREQ. RATING
	SUPERVISOR'S INITIALS																																

HPF

A blank form may be used, to be filled in sequentially as each new task is learned, or a partially filled form can offer a minimum list of tasks which the department head, clinical instructor and coordinator agree should be taught during the year. The list may be augmented as additional tasks are taught.

Although the illustrated form makes possible a daily record, it requires constant attention from busy hospital personnel. Experience has shown that it is difficult to keep the records up to date. The Pilot Project, therefore, is developing an alternative which, while sacrificing the opportunity for a task frequency count, may prove to be more practical. Task lists from various hospitals have been combined to create a sample list of tasks suitable for high school students for each department in which students have worked. These sample lists are printed in compact booklets small enough to be carried in students' pockets. Each task is accompanied by a single blank which is initialed and dated by the instructor when the student has demonstrated his or her ability to perform the task satisfactorily. The booklet is carried at all times by the student whose responsibility it is to have each accomplishment recorded.

Whether forms or booklets are used, prepared task lists should be used only as suggestions, never as demands. Each department must be free to decide what tasks it will teach. With a prepared list as a base, the department can delete or add whatever tasks it thinks advisable.

The Pilot Project has created the following sample task lists which it provides in booklet form:

(Similar booklets can be developed for other departments as the need arises. In the selection of tasks to be taught, a complete task inventory by department is helpful. A *Task Inventory* of 23 Hospital and Health Care Facility departments has been published and is available from the UCLA Division of Vocational Education. Both the task list booklets and the *Task Inventory* are part of the UCLA Secondary School Allied Health Careers Education Package.)

PHASES II AND III, NURSING WORK EXPERIENCE TRAINING PROGRAM

A. Hand Washing and Making Hospital Beds

_____ 1. Hand washing technique for medical asepsis (Unit 8)
_____ 2. Make an unoccupied bed (Unit 9)
_____ 3. Adjust a bed to various positions (Unit 9)
_____ 4. Prepare the bed and unit for the patient (Unit 9)
_____ 5. Make an anesthetic or surgical bed (Unit 9)
_____ 6. Make an occupied bed (Unit 9)

B. Giving the Patient Personal Care

_____ 7. Assist patient to dress and undress (Unit 10)
_____ 8. Give patient a partial bath (Unit 11)
_____ 9. Give patient cleansing bath (Unit 11)
_____ 10. Give patient a medicated bath (Unit 11)
_____ 11. Give patient a therapeutic bath (Unit 11)
_____ 12. Give patient a sitz bath (Unit 11)
_____ 13. Give patient a back rub (Unit 11)
_____ 14. Comb and brush patient's hair (Unit 12)
_____ 15. Shampoo patient's hair (Unit 12)
_____ 16. Give patient stretcher shampoo (Unit 12)
_____ 17. Care for an incontinent patient (Unit 13)
_____ 18. Give skin care for patient who is in one position for a long time (Unit 13)
_____ 19. Care for patient with colostomy or ileostomy appliances (Unit 13)
_____ 20. Care for patient's fingernails and toenails (Unit 13)

C. Helping the Patient Ambulate

_____ 21. Give patient passive range-of-motion exercises (Unit 14)
_____ 22. Assist patient to dangle legs (Unit 14)
_____ 23. Assist patient to walk (Unit 14)
_____ 24. Assist patient from bed to wheelchair (Unit 15)
_____ 25. Assist (with help) helpless patient from bed to wheelchair (Unit 15)
_____ 26. Assist patient to use walker (Unit 15)
_____ 27. Fit crutches to patient (Unit 15)
_____ 28. Assist patient to walk with crutches (3-point gait) (Unit 15)
_____ 29. Assist patient to walk with crutches (4-point gait) (Unit 15)
_____ 30. Assist patient to walk with crutches (2-point gait) (Unit 15)
_____ 31. Assist patient to put on back brace (Unit 15)
_____ 32. Assist patient to put on long leg brace (Unit 15)
_____ 33. Assist patient to put on short leg brace (Unit 15)
_____ 34. Assist in transferring patient from bed to wheelchair using Hoyer lift or similar device (Unit 15)
_____ 35. Assist patient to learn special skills for crutch walking (stairs, opening doors) (Unit 15)

D. Positioning the Patient in Bed

_____ 36. Place patient in supine position (Unit 16)
_____ 37. Place patient in lateral and Sims' position (Unit 16)
_____ 38. Place patient in prone position (Unit 16)
_____ 39. Place patient in Fowler's position (Unit 16)
_____ 40. Place patient in semi-Fowler's position (Unit 16)
_____ 41. Place patient in Trendelenburg's position (Unit 16)
_____ 42. Move patient toward head of bed (Unit 16)

E. Assisting the Patient with Meals

_____ 43. Prepare patient for meal (Unit 17)
_____ 44. Serve diet tray (Unit 17)
_____ 45. Feed an adult patient (Unit 17)
_____ 46. Feed a blind patient (Unit 17)
_____ 47. Remove diet tray and clean up area (Unit 17)
_____ 48. Feed infant (to 2 yrs. age) (Unit 17)
_____ 49. Feed toddler (18-26 mos. age) (Unit 17)
_____ 50. Feed pre-school child (3-6 yrs.) (Unit 17)

F. Measuring Patient Fluid Intake and Output

_____ 51. Measure urine output (Unit 18)
_____ 52. Observe and assist with intravenous therapy (Unit 19)
_____ 53. Assist with spiritual care (Unit 20)

G. Helping the Patient with Urine Elimination

_____ 54. Assist the patient to use the bed pan (Unit 21)
_____ 55. Assist the patient to use the female urinal (Unit 21)
_____ 56. Assist the patient to use the fracture pan (Unit 21)
_____ 57. Assist the patient to use the male urinal (Unit 21)
_____ 58. Assist the patient to the bathroom (Unit 21)

H. Collecting Urine Specimens for Diagnostic Tests

_____ 59. Collect routine urine specimen (Unit 21)
_____ 60. Collect mid-stream or clean catch urine specimen (Unit 21)
_____ 61. Do a 24-hour urine collection (Unit 21)
_____ 62. Do a timed urine collection (Unit 21)

I. Doing Common Tests for Sugar and Acetone in Urine

_____ 63. Do a Clinitest urine test for sugar (Unit 21)
_____ 64. Do a Tes-Tape urine test for sugar(Unit 21)
_____ 65. Do an Acetest urine test for acetone (Unit 21)
_____ 66. Do a Ketostix urine test for acetone (Unit 21)
_____ 67. Do a Keto-Diastix test for sugar and acetone (Unit 21)
_____ 68. Collect urine from a Foley catheter (Unit 21)

J. Assisting Patient with Bowel Elimination

_____ 69. Remove fecal impaction (Unit 22)
_____ 70. Insert rectal suppository (Unit 22)
_____ 71. Collect a stool specimen (Unit 22)
_____ 72. Give patient a cleansing enema (Unit 22)
_____ 73. Give patient a retention enema (Unit 22)
_____ 74. Give patient a Harris flush (Unit 22)
_____ 75. Irrigate a colostomy (Unit 22)

K. Collection of Sputum and Gastric Specimens

_____ 76. Collect a sputum specimen (Unit 23)
_____ 77. Care for a vomiting patient (Unit 23)
_____ 78. Collect a gastric content specimen (Unit 23)

L. Perineal Care, Care of Patient with Gastrointestinal Tubes

_____ 79. Give perineal care for female patient (Unit 24)
_____ 80. Give perineal care for male patient (Unit 24)
_____ 81. Assist in insertion of gastric tube for drainage purposes (Unit 25)
_____ 82. Assist in insertion of intestinal tubes for drainage purposes (Unit 25)
_____ 83. Assist in insertion of tube for gastric analysis (Unit 25)
_____ 84. Assist in gastric gavage feeding of patient (Unit 25)
_____ 85. Assist in gastrostomy feeding of patient (Unit 25)
_____ 86. Assist in enterostomy feeding of patient (Unit 25)
_____ 87. Assist in proctoclysis or feeding through colon (Unit 25)
_____ 88. Empty and measure the contents of drainage bottles (Unit 25)

M. Measuring Temperature, Pulse, Respiration, Blood Pressure

_____ 89. Measure patient's temperature with oral thermometer (Unit 26)
_____ 90. Measure patient's temperature with rectal thermometer (Unit 26)
_____ 91. Measure patient's temperature by the axillary method (Unit 26)
_____ 92. Measure the patient's pulse, radial (Unit 26)
_____ 93. Measure patient's pulse, temporal (Unit 26)
_____ 94. Measure patient's pulse, femoral (Unit 26)
_____ 95. Measure patient's apical pulse rate (Unit 26)
_____ 96. Measure patient's respiration rate (Unit 26)
_____ 97. Measure patient's blood pressure (Unit 26)

N. Admitting, Transferring, and Discharging Patients

_____ 98. Prepare patient's room for new admittance (Unit 27)
_____ 99. Admit patient to his room (Unit 27)
_____ 100. Transfer patient from one bed or room to another (Unit 27)
_____ 101. Discharge patient (Unit 27)
_____ 102. Care for dying patient (Unit 28)
_____ 103. Give postmortem care for patient (Unit 28)

O. Care of Patients Receiving Oxygen Therapy

_____104. Give patient oxygen by nasal catheter (Unit 29)
_____105. Give patient oxygen by face mask (Unit 29)
_____106. Give patient oxygen by tent (Unit 29)
_____107. Care for patient receiving oxygen by Intermittent Positive Pressure (IPPB) (Unit 29)
_____108. Give nursing care for patient receiving oxygen (Unit 29)

P. Cardiopulmonary Resuscitation

_____109. Give mouth to mouth resuscitation (Unit 30)
_____110. Give cardiac compression (Unit 30)

Q. Assisting with Hot and Cold Applications

_____111. Apply hot water bottle to patient (Unit 31)
_____112. Apply disposable hot pack to patient (Unit 31)
_____113. Apply ice bag or ice collar to patient (Unit 31)
_____114. Apply disposable cold pack to patient (Unit 31)
_____115. Apply electric heating pad to patient (Unit 31)
_____116. Apply heat cradle to patient (Unit 31)
_____117. Give patient hypothermia treatment (Unit 31)
_____118. Apply aquathermia pad (hypothermia/hyperthermia) to patient for local treatment (Unit 31)

R. Operating Patient Turning Frames

_____119. Set up and transfer patient to Stryker frame (Unit 31)
_____120. Help patient with bed pan on Stryker frame (Unit 31)
_____121. Set up and transfer patient to Circ-O-Lectric bed (Unit 31)
_____122. Turn the patient to a prone position on a Circ-O-Lectric bed (Unit 31)
_____123. Help patient with bed pan in a Circ-O-Lectric bed (Unit 31)
_____124. Adjust positions of the Circ-O-Lectric bed (Unit 31)

S. Applying Patient Restraints

_____125. Apply a limb-holder or wrist-type restraint to patient (Unit 31)
_____126. Apply a jacket restraint to patient (Unit 31)
_____127. Apply an elbow restraint on an infant (Unit 31)
_____128. Apply a safety belt or restraint strap to patient (Unit 31)

T. Applying Bandages and Binders

_____129. Apply a circular bandage to patient's limb (Unit 32)
_____130. Apply a Figure-8 bandage to patient's limb (Unit 32)
_____131. Apply an (Ace elastic) spiral bandage to patient's limb (Unit 32)
_____132. Apply a spiral reverse bandage to patient's limb (Unit 32)
_____133. Apply a recurrent bandage to amputee's stump (Unit 32)
_____134. Apply a Scultetus binder to patient's abdomen (Unit 32)
_____135. Apply a straight binder to patient's abdomen or chest (Unit 32)

_____136. Apply a T-Binder or Double T-Binder to patient's perineal area (Unit 32)

_____137. Apply a sling (triangular) bandage to support patient's arm (Unit 32)

U. Pre-Operative Care of Patient

_____138. Give patient day before surgery care (Unit 33)

_____139. Give patient day of surgery care (Unit 33)

_____140. Obtain consents and releases (Unit 34)

_____141. Make an incident report (Unit 34)

V. Post-Operative Care of Patient

_____142. Prepare the post-operative unit (Unit 35)

_____143. Assist patient to maintain respiratory function (Unit 35)

_____144. Check patient's operative site (Unit 35)

_____145. Provide for patients comfort, needs, and safety (Unit 35)

_____146. Treat patient for shock and complications (Unit 35)

W. Isolation Technique

_____147. Set up an isolation unit (Unit 36)

_____148. Put on an isolation face mask (Unit 36)

_____149. Put on an isolation gown (Unit 36)

_____150. Remove an isolation gown (Unit 36)

_____151. Put on sterile or non-sterile single use gloves (Unit 36)

_____152. Remove sterile or non-sterile single use gloves (Unit 36)

_____153. Serve diet tray to patient in isolation (Unit 36)

_____154. Remove diet tray from patient in isolation (Unit 36)

_____155. Help patient in isolation with bed pan and urinal (Unit 36)

_____156. Collect specimens from patient in isolation (Unit 36)

_____157. Dispose of waste materials from isolation unit: double-bag technique (Unit 36)

_____158. Remove linens from isolation unit (Unit 36)

_____159. Take TPR and BP in isolation unit (Unit 36)

_____160. Transport patient out of isolation unit (Unit 36)

_____161. Transfer isolation patient to another hospital or unit (Unit 36)

_____162. Perform terminal disinfection of isolation unit (Unit 36)

Tasks Learned Not Included in List

_____163.

_____164.

_____165.

_____166.

_____167.

_____168.

_____169.

_____170.

CENTRAL SERVICE - TRAINING RECORD

A. Collect Soiled Articles

1. Receive contaminated supplies
2. Place contaminated items in isolation chamber
3. Autoclave contaminated articles before processing
4. Pick up or receive soiled instruments and supplies from nursing unit
5. Sort instruments and utensils
6. Examine articles for holes, cracks, or other defects
7. Place articles in containers or racks for washers
8. Place articles in baskets or boxes (syringes, forceps, etc.)
9. Place baskets or boxes on collection cart
10. Place articles in containers that go to washing

B. Receive New or Repaired Articles

1. Receive new or clean linen
2. Receive new or repaired equipment
3. Receive packaged items to be sterilized
4. Receive dressings
5. Receive disposable items
6. Receive parenteral solutions (used by injection)
7. Receive supplies required for processing (soaps, etc.)
8. Stock supplies in bulk storage area

C. Clean and Sterilize Instruments and Supplies

1. Prepare proper washing agents
2. Select proper rinsing agents
3. Sort items (various needles, forceps, etc.)
4. Presoak items to remove visible soil
5. Wash items by hand

CENTRAL SERVICE - TRAINING RECORD (continued)

6. Load automatic washers
   a. Water-jet type
   b. Ultrasonic
   c. Commercial washing machine
   d. Other
7. Operate automatic washer
   a. Water-jet type
   b. Ultrasonic
   c. Other
8. Unload automatic washers
   a. Water-jet type
   b. Ultrasonic
   c. Other
9. Clean and maintain washing equipment
10. Disassemble materials and equipment
11. Dry items after washing, rinsing
12. Assemble equipment after cleaning
13. Prepare and handle items for packaging and delivery
14. Package items
15. Transfer items to autoclave truck
16. Load autoclave
17. Sterilize items in autoclave
18. Unload autoclave
19. Load gas-sterilizer (ethylene oxide)
20. Operate gas sterilizer
21. Unload gas sterilizer
22. Check for leaks or malfunctions of machinery
23. Test for sterilization with bacterial culture

24. Tag sterilized items
25. Prepare dressing sets
26. Mix normal saline solutions
27. Fill bottles with solutions
28. Label bottles
29. Cap bottles
30. Date bottles
31. Test sealed bottles for leaks
32. Unload autoclaved materials from carts into sterile cupboards
33. Seal sterile items in air-tight plastic bags for long storage

D. Assemble Special Trays or Sets

1. Assemble aortogram tray

HOSPITAL BUSINESS OFFICE - TRAINING RECORD

A. Miscellaneous Clerical

1. Place and answer telephone calls
2. Open and sort mail
3. Type correspondence, forms, etc.
4. File correspondence, forms, etc.
5. Operate office machines
6. Run errands
7. Pull or file patient's medical record
8. Gather data to complete statutory reports for government agencies
9. Operate telephone switchboard

B. In-Hospital Patient Business Functions:
Control of In-House Patient's Financial File

1. Receive, review, and file business office copies of admission forms
2. Investigate and complete omissions noted on admission forms
3. Refer incomplete admission forms to admission office
4. Request verification of insurance benefits
5. Inform physician when sponsorship authorizations approach termination date
6. Communicate with sponsoring agency
7. Reconcile in-house file against discharges
8. Answer questions from patient or his representative
9. Process necessary paperwork for blood credit
10. Receive and review preliminary patient bills
11. Send patient bill to nursing unit
12. Receive discharge notices

13. Notify other hospital departments that patient is being discharged

14. Prepare a form for refund due to patient at time of discharge

15. Pull ledger for patient to be discharged and review for completeness

C. Cashiering:
Window Activity

1. Receive notice of potential discharges and prepare a discharge register

2. Receive financial file or ledger card for patient being discharged

3. Request late charges for patient being discharged

4. Request latest bill for patient

5. Make entries in discharge register for each patient discharge

6. Accumulate discharged patient's file folders or ledger cards

7. Route batch of discharged patient's billing file or ledger cards to billing area

8. Receive, verify, and account for cash collected at other cashiering stations

9. Count, reconcile, and record total cash received

10. Cash personal checks for staff and employees

11. Change coins and currency

12. Prepare reconciled batch of cash receipts for posting

Valuable Envelopes

1. Control the inventory and issue of patients' valuable envelopes

2. Record valuable envelopes issued to other departments

3. Receive, record, and store patients' valuable envelopes

4. Release valuable envelopes to an authorized claimant

5. Compare contents of an evelope to a pre-established list when released

6. Refer patient or his representative to supervisor when contents of envelope are questioned

7. Initiate a report describing the circumstances of a missing envelope

8. Investigate unclaimed envelopes

Banking Activities

1. Make an adding machine tape of the checks ready for deposit

2. Reconcile total receipts to predetermined control total

3. Receive cash reports and cash receipts from other chasiers

4. Prepare a bank deposit slip

5. Make an adding machine tape of all items listed on bank deposit slip

D. Billing Statements:
Itemized Bill

1. Set up a suspense file for bills waiting late charges or credit

2. Correct patient identification or address information

3. Prepare bill and envelope for mailing

4. Note date of billing on ledger card or copy of bill

Third-Party Claims

1. Select accountand proper billing forms for third-party billing

2. Send insurance forms to Medical Record Department for insertion of medical record information

3. Prepare bills and claim forms for mailing

4. Note date of billing on ledger card or copy of bill

E. Credits and Collections:
Classify and Control of Overdue Accounts

1. Receive, review, and classify past-due accounts

2. Record new accounts received and indicate pertinent data

3. Associate new accounts with old past-due accounts

4. Assign codes or arrange file by category of delinquent accounts

F. Accounting:
Payroll

1. Recieve employment forms for new employees' and prepare necessary payroll records
2. Make changes and corrections to employees' payroll records
3. Process payroll records for terminated employees
4. Receive time cards or time sheets and compute gross earnings
5. Compute payroll deductions
6. Prepare and reconcile payroll register
7. Prepare payroll checks and check stubs
8. Submit payroll register for mechanical or electronic processing of checks
9. Post payroll data to employee's earning records
10. Prepare journal sheet for recording gross payroll expenses
11. Receive, sort and distribute or mail checks to employees
12. Compute and prepare journal entry sheet for employer's payroll tax and insurance liabilities

Accounts Payable

1. Receive sort, and distribute incoming mail
2. Check invoice against purchase order and receiving report and resolve discrepancies with purchasing department
3. Check invoice for accuracy of extensions and additions
4. Compute and enter purchase discounts on invoice
5. Post invoice data to vendor's ledger and to general ledger
6. Route invoice for authorization signature to approve payment to vendor
7. Stamp invoice paid and record check number, amount of check, and date paid

HOSPITAL BUSINESS OFFICE - TRAINING RECORD (continued)

8. Assemble accounts payable documents with checks and route to authorized individual for check signature

9. Record payment checks in a check register

10. Prepare mail payment

11. File copy of check with invoice (s) being paid

12. Make entries in a voucher register

13. Post entries to general ledger control account for voucher payables

INHALATION THERAPY AIDE - TRAINING RECORD

A. Maintaining Physical Condition of Facilities and Equipment

1. Disassemble, clean, and reassemble Bird respiratory circuit
2. Disassemble, clean, and reassemble PR-2 respiratory circuit
3. Disassemble, clean, and reassemble MA-1 respiratory circuit
4. Disassemble, clean, and reassemble CPAP respiratory circuit
5. Disassemble, clean, and reassemble infant Bird respiratory circuit
6. Disassemble, clean, and reassemble infant PR-2 respiratory circuit
7. Disassemble, clean and reassemble heated aerosol
8. Disassemble, clean, and reassemble Bourns respiratory circuit
9. Disassemble, clean, and reassemble Dranger respiratory circuit

B. Therapeutic Techniques

1. Operate treatment IPPB
2. Operate assistor respirator
3. Operate aerosol generator, steam vaporizer
4. Operate aerosol generator, bubbler type
5. Operate aerosol generator, jet type
6. Operate humidifier, nebulizer type
7. Operate humidifier, ultrasonic type
8. Administer oxygen, nasal
9. Administer oxygen, mask
10. Administer oxygen, tent
11. Perform artificial respiration
12. Recognize and report complications or adverse reactions to treatments
13. Use portable oxygen (tank)
14. Use piped oxygen

INHALATION THERAPY AIDE - TRAINING RECORD (Continued)

15. Use bronchodilator (pharmacological aid) as directed

C. Clerical and Miscellaneous

1. Answer telephone
2. Transport patients
3. Stock and dispense cylinder gas
4. Report treatment given on patient's chart

OCCUPATIONAL THERAPY AIDE - TRAINING RECORD

A. Patient treatment:
Supervised and assigned by an OTR

1. Give progressive resistive exercises to patients as assigned by supervisor (after maximum weight established)
2. Give passive range of motion to patients assigned by supervisor
3. Instruct patients in routines of self range of motion of upper extremities if requested by supervisor
4. Supervise dressing practice in clinic and on the ward
5. Supervise practice in cooking in the kitchen after OTR evaluates patient
6. Supervise activities and exercises for individual patients who need their established treatment program maintained
7. Prepare project and get patient ready for treatment
8. Assist patient needing help in starting and finishing projects

B. Clerical and Office Duties

1. File progress notes after OTR signs them, file clinic notes and other things such as writing samples in O.T. charts
2. Copy lower extremity information on O.T. chart from P.T. chart, on request
3. Secure information about new patients on request of senior OTR
4. Record schedule of new patients and make changes on ward master schedule, as instructed by OTR's
5. Keep O.T. clinic schedule board current and neat
6. Pick up, deliver, and distribute mail
7. Maintain daily attendance sheet
8. Maintain bulletin boards in clinic
9. Answer telephone
10. Replenish office supplies and evaluation forms from supply in central O.T. office
11. Take inventory of supplies on routine basis as outlined by supervisor
12. Store supplies in an orderly and convenient manner, keep storeroom clean

OCCUPATIONAL THERAPY AIDE - TRAINING RECORD (continued)

C. Operation and Care of Equipment

1. Operate and maintain power equipment in treatment area (list specific jobs on the specific pieces of equipment present in your own department)

2. Store, issue, and return to storage hand tools and small items of equipment in an orderly and convenient manner

3. Make new equipment to identify for assigned treatment area

4. Repair small items of equipment, assistive devices or adaptive equipment if indicated (list repair jobs on specific items present in your own department)

D. Housekeeping

1. Put away projects and supplies after patients complete use

2. Wash tables, clean counters, sinks, etc. at end of day

3. Clean cupboards and arrange neatly

4. Make routine safety check of treatment area

PERSONNEL - TRAINING RECORD

A. Miscellaneous Clerical

1. Place and answer telephone calls
2. Open and sort mail
3. Type correspondence, etc.
4. File correspondence, forms, etc.
5. Operate office machines
6. Run errands

B. Personnel

1. Greet visitors and confirm appointment date and time
2. Reply to job applicants from nursing opportunity
3. Obtain letters of reference from individuals listed on job applications

C. Billing and Bookkeeping

1. Compile health insurance information
2. Assist with preparation of billing statements, Blue Cross, etc.

D. Payroll

1. Type special payroll checks
2. Fold checks
3. Assist in preparing necessary payroll records
4. Prepare journal sheet for recording gross payroll expenses by full-time equivlents, department
5. Prepare distribution summary
6. Record employees insurance and retirement benefits
   a. check masters
   b. alphabetize
7. Separate various registry

PERSONNEL - TRAINING RECORD (continued)

E. General

1. Assist with preparation of reports for governmental agencies
2. Assist in annual audit program

F. Additional Tasks

PHARMACY TECHNICIAN - TRAINING RECORD

A. Dose Preparation
   1. Prepare label
   2. Package and label
   3. Perform necessary housekeeping and maintenance

B. Transport to Unit for Administration to Patients
   1. Prepare for mode of transfer to unit
      a. Cart
      b. Tray
      c. Pneumatic tube
      d. Dumb waiter
      e. Lateral conveyor
      f. Messenger
      g. Dispense at counter
   2. Maintain records of delivery
   3. Distribute medications to units
   4. Return drug to stock
      a. Examine
      b. Return to stock if unit package

C. Housekeeping and Maintenance
   1. Return equpment
   2. Return bulk medications to stock
   3. Clean area
   4. Replenish stock

D. Purchasing and Inventory Control
   1. Maintain inventory records
   2. Prepare purchase order on re-order form
   3. Maintain purchase order suspense file

PHARMACY TECHNICIAN - TRAINING RECORD (continued)

E. Receive Drugs

1. Check identification

a. Compare drug name, strength, dosage form, etc. to packing slip

2. Check for damage

3. Check for shortage

F. Process Invoice

1. Check for receipt of material

2. Compare invoice with purchase order and packing slip

3. Distribute for payment

4. Release from storage

G. Keep Records up to Date

1. Use Kardex file system

2. Use profile file system

H. Other Tasks

PHYSICAL THERAPY AIDE - TRAINING RECORD

A. Maintenance and Clerical

1. Care for wet treatment areas
2. Care for dry treatment areas
3. Care for linens
4. Care for expendable supplies
5. Care for sterile supplies and medicines
6. Care for office supplies
7. Clean, disinfect and maintain hydrotherapy equipment and prepare for use
8. Clean, disinfect and maintain electrotherapy equipment and prepare for use
9. Maintain and care for exercise equipment
10. Maintain and care for assistive and supportive equipment
11. Answer telephone, take messages
12. Receive patients and visitors
13. Maintain patient schedules
14. Maintain office and patient records
15. File records and reports

B. Patient Transportation and Preparation

1. Transport patient in wheelchair
2. Transport patient on stretcher
3. Care for and maintain transportation equipment
4. Assist patient to sitting position
5. Assist patient to standing position
6. Assist patient to change position in bed
7. Position and drape patient for treatment
8. Assist patient in undressing and dressing
9. Remove and apply patient's supportive and assistive devices

PHYSICAL THERAPY AIDE - TRAINING RECORD (continued)

10. Observe and report patient's comfort and response in traction equipment
11. Assist in setting up special frames and beds
12. Observe and report patient's comfort in plaster cast

C. Patient Care, Maintenance of Function

1. Observe and report pressure areas on patient's skin
2. Assist patient with passive lower extremities exercise
3. Assist patient with passive upper extremities exercise
4. Serve patient food
5. Feed patient
6. Assist patient with drinking water
7. Assist patient with bedpan
8. Assist patient with urinal
9. Measure patient fluid input and output
10. Measure patient's temperature
11. Measure patient's pulse rate
12. Measure patient's repiration rate
13. Adjust Circ-o-lectric bed for patient
14. Adjust tilt table for patient

D. Assist Physical Therapist in Selected Treatment Procedures

1. Apply hot packs
2. Apply cold packs
3. Treat patient in Hubbard tank
4. Treat patient in whirlpool
5. Treat patient in pool without exercise
6. Give patient contrast baths
7. Give patient paraffin application

PHYSICAL THERAPY AIDE - TRAINING RECORD (continued)

8. Give patient moist air treatment
9. Give patient infrared treatment

E. Assist Patient in Ambulation

1. Assist patient to walk
2. Assist patient from bed to wheelchair and return
3. Assist patient to use wheelchair
4. Assist patient to use walker
5. Fit crutches to patient
6. Assist patient to walk with crutches (3 point gait)
7. Assist patient to walk with crutches (4 point gait)
8. Assist patient to walk with crutches (2 point gait)
9. Assist patient in self-care activities
10. Assist patient to practice general conditioning exercises

RADIOLOGY AIDE - TRAINING RECORD

1. File X-ray film folders
2. Place film in cassettes
3. Fill out X-ray I.D. cards
4. Locate X-ray folders in file
5. Remove film from cassette, put empty cassette in proper compartment
6. Place film in automatic developer
7. Operate automatic film processing machine
8. Mark X-ray films for identification
9. Transport patients from rooms to X-ray department and return
10. Assist in positioning patient for radiographs
11. File reports
12. Mail reports
13. Assist with portable X-ray unit
14. Prepare contrast media
15. Clean and disinfect X-ray tables and equipment
16. Mix film processing solutions
17. Replenish film processing solutions
18. Round off corners of films
19. Maintain film hangers
20. Maintain film cassettes
21. Number cassettes and screens for identification
22. Process loans of X-ray films

REFRIGERATION AND AIR-CONDITIONING - TRAINING RECORD

A. Inspect and Operate Refrigerating Equipment

1. Inspect refreigerating machinery:
    a. Cooler
    b. Freezer unit
2. Read thermometers
3. Read gauges
4. Record readings at scheduled times
5. Adjust valves on pipe lines to regulate flow of refrigerant
6. Maintain prescribed temperature
7. Manipulate valves to maintain desired degree of compression

B. Maintenance and Repair

1. List and inspect refrigeration machinery
2. Inspect air conditioners to detect malfunctioning
3. Check and inspect:
    a. Piston slap
    b. Noisy valves
    c. Connecting rod knock
    d. Rattling supports
4. Check joints for leaks
5. Trace electrical control system for loose wires and terminals
6. Test operation of thermostat and electrical meters
7. Clean and lubricate motors, compressors, condensers, and other refrigerating and air conditioning equipment
8. Clean air washing or filtering equipment
9. Clean air ducts, ventilators, fans, hoods, etc.
10. Clean compressed air lines

11. Drain moisture traps or compartments

12. Add or remove refrigerant to adjust vacuum or pressure

13. Check valves, meters and gauges to be sure of proper functioning

14. Test air filter efficiencies

15. Replace air filters

16. Adjust or repair air washers, dust collectors, or other filtering equipment

17. Repair duct work, caulk joints

18. Assist in repairing refrigerating and air conditioning equipment

19. Adjust or repair grilles, dampers, louvers, etc.

20. Assist in renewing wiring and electrical connections, replace defective switches, relay or other components

21. Replace gaskets, bearing, piston rings, or other parts

22. Replace defective valves and connections

23. Repair leaks in refrigerating system

24. Repair leaks in compressed air lines

C. Assist in Installation of Refrigeration Machinery

a. Air conditioners

b. Water coolers

c. Small refrigerato-

1. Mount compressors

2. Mount condensers on level floor

3. Install evaporators in:

a. Freezing unit

b. Refrigerated rooms

c. Air duct system

REFRIGERATION AND AIR-CONDITIONING - TRAINING RECORD -(continued)

4. Bore holes in walls fnd floors
5. Solder joints to prevent loss of refrigerants
6. Connect the compressor to power source
7. Install water coolers and household refrigerators following manufacturer's instructions
8. Check out the unit or job after installation
9. Check the vacuum and pressure after installation of the unit
10. Observe the condition of motor and the gauges

SOCIAL WORKER AIDE - TRAINING RECORD

A. Interaction

1. Assist in preparing child for treatment, dealing with resistance to treatment and establishing the proper motivation for treatment

2. Provide support and help child to evolve better ways of adjusting to the reality situation

3. Provide social and recreational experiences to children through small group activities (games, picnics, etc.)

4. Provide social and recreational experiences to children through individual contacts or activities

5. Observe behavior and appearance of children and conditions relating to family situations

6. Participate in therapy by observing and interacting with children

7. Observe and assess child's behavior and appearance in activities outside the context of treatment

8. Report observations or assessment to the therapist or supervisor

9. Read to children

10. Provide hospitality service for visitors and conduct tours of agency facilities

11. Administer first aid measures when necessary

12. Participate in term conference with professional staff in regard to individual clients

B. Business Operations

1. Arrange transportation for children

2. Obtain specific information from child's chart as requested by supervisor

3. Perform routine clerical procedure essential in facilitating client services

   a. filling our forms

   b. routine phone calls

   c. securing clients' charts

C. Additional Tasks

THE TEACHING FUNCTION

Instruction in Phase II is provided by the clinical instructor on the job. The teacher's classroom activities, therefore, are now centered around the new Phase I students. Responsibility for Phase II students, however, continues.

Counseling, guidance and evaluation are equally as important as they were in Phase I, and the teacher can be helpful in these areas. It must never be forgotten that the program is a team effort. There should be regular meetings of coordinator, counselor and teacher for exchange of information and planning. In particular, as the person most aware of each student's learning problems and study habits, the teacher is best suited to help clinical instructors who may have difficulties in training particular students.

During the second half of the school year, preparations begin for repeating Phases I and II. In conjunction with these preparations, teacher, coordinator, administrators, and the Advisory Committee consult to suggest changes to improve the program based on evaluation of what has already been done. The teacher then incorporates these changes in planning for the coming school year. The teacher also participates in planning for the coming Phase III.

THE COORDINATING FUNCTION

Student Placement: As described earlier, in Phase I, students have been prepared for and counseled to select the area that has an occupation each wishes to pursue. As soon as possible after the students make their selections, the coordinator meets with the head of each selected department to arrange for student placement. The number of students that the department can accommodate is agreed upon, and the individual clinical instructors are identified. The ideal situation is to have one clinical instructor for each student. After identification of the instructor, arrangements are made to work out the task list for the students.

Frequently, a student may not be able to get into an area in which he or she is interested. When this occurs, the next step is to attempt to place the student in another area where the same or a similar occupational choice exists. Often students resist or become attached to occupations more because of the personnel in given areas than because of the occupations themselves. When the

coordinator believes an occupation might appeal to a particular student if personnel preferences could be put aside, it is important to urge the student at least to give the area a try before rejecting it.

As with other aspects of the program, intimate knowledge of each student is necessary in order to place the students. Real interest must be distinguished from trivial choices, and total personality and ability must be considered in deciding when to advise a student to accept a second choice, and when to bend over backward to meet an expressed preference.

Work Schedule: When scheduling students into departments, it is necessary to work out the number of hours each student will be on the job. In order to insure sufficient time for training, every student should be scheduled for at least 10 hours per week.

Besides the total number of hours each week, consideration must be given to the number of hours worked each day. Most trainers agree that any period less than two hours is inadequate for training because by the time the student checks in and gets ready for training, and the instructor clears time for training, it is time for the student to prepare to leave. Trainers generally consider four hours per day reasonable for successful training, and would like more. When possible, therefore, it is better to schedule a student to work fewer days and longer hours each day than to distribute the hours throughout the week.

A number of factors must be considered in scheduling each student's work days. Departmental staff members may have preferences, because some days are busier than others. Preferences will depend also on each department's staffing pattern and work scheduling. Time of day is also a factor, with certain hours being more convenient than others for training in a specific department. The coordinator must also adjust individual work hours with each student's school program in order to fit the work days with the school schedule.

Transportation is a consideration that may limit the flexibility of scheduling. If a school bus is used, it cannot be expected to make a series of pick-ups at different times to accommodate a variety of individual schedules. Obviously, the coordinator must work closely with each facility department, and with school counselors, and must plan carefully to adjust these variables.

School Time: Scheduling is also affected by whether or not students are expected to attend an Allied Health Professions Project class in the school during Phase II. Such class time was not originally planned for the Pilot Project, but some subsequent program designers are scheduling one day in school each week so that the students will continue to feel they are part of a group, and have an opportunity to exchange information with each other. Furthermore, this enables the teacher to review and reemphasize such aspects as ethics, cleanliness, proper behavior and dress. While recognizing these advantages, the Pilot Project planners decided there was not enough content to justify scheduling a class day each week for this. Contact with students was maintained by the coordinator on an individual basis in the facilities.

A possible compromise is to schedule a class day every two weeks or once a month, if this does not disrupt the work schedule.

Running Phase II: Besides setting up Phase II, the coordinator must make sure it runs smoothly. He or she must check regularly with students and trainers to adjust any difficulties that may arise, and counsel students to help them make the best use of their work experience.

Transportation must therefore be provided on a continuous and reliable basis. Students must be able to get to the job in order to be trained on the job. Vehicles may break down, drivers may get sick, or quit, or prove unsatisfactory. Coordinators have to be prepared on short notice to secure alternate transportation and to facilitate remedies. If public transportation is used, the coordinator must see to it that students are provided with carfare or tokens. Coordinators are also responsible for seeing that all necessary forms (agreements, insurance, parent consents, etc.) are completed and signed properly. If students are given stipends, the coordinator should make sure that checks reach the students on schedule.

Student progress is recorded on the Trainer Evaluation and Task List forms. The coordinator should see that these forms are kept up to date, and toward the end of the school year collect them to help in evaluating students and in placing them in the third phase of the program.

Clinical Instructor Visits: The coordinator should visit each clinical instructor at least once each week to check on training progress, and on student attitude and attendance. If the instructor is having difficulty with a student in any of these areas, the coordinator offers assistance. He or she can be particularly helpful in tracking down students who are not showing up for work regularly.

Coordinator and instructor also work together periodically to reevaluate and update task lists.

Early in the second semester of Phase II, a longer interview with each clinical instructor is useful to supplement the written student evaluation and to provide significant input for evaluating and upgrading the program itself. It also aids in placement of students in Phase III.

Questions for the interview should be written and followed uniformly so that responses can be compared and tabulated. They should not, however, be presented as a questionnaire to be filled in by the instructors. A person-to-person oral interview allows the instructors to respond freely and informally, and to elaborate on ideas that may come up in discussion. The coordinator jots down the main points, which later serve to develop the written record of responses. Below are some questions used by evaluators of the Pilot Project in this type of interview:

Clinical Instructor

Oral Questionnaire

1. What is your opinion of the program as a training project for allied health workers? (What is purpose of program?) What are its strong points/weak points?

2. Would you like to see this program continue? Why/Why not?

3. Would you like to continue as a clinical instructor for the students in this program? Why/Why not?

4. What problems have you experienced with this program?

   a. The students

   b. The training sequence, i.e., observation, OJT, cooperative work study

   c. The procedure for developing task lists

   d. The procedure for assigning students to departments

   e. The procedures for assigning work schedules

   f. The procedure for monitoring students

   g. The procedure for evaluating student performance

5. Of the students that you have supervised, which ones do you feel will be employable (in this department) by the end of the year?

   a. Name

   b. To do what

   c. At what pay

   d. With what supervisor

6. If the student would not be employable in this department, please state

   a. Name

   b. In what other area he/she could be employed

   c. Would you give the student a recommendation for this area?

   d. Do you have any recommendations to further aid the student?

Student Visits: Each student should be contacted at least once a week by the coordinator. Any complaints are discussed with the student and a solution sought. Students may need to be reminded from time to time of professional standards of dress and behavior.

If no class day is provided by the program, these visits take place, whenever possible, in the facility where the student works. The qualification, "whenever possible," stems from the fact that students who have an attendance problem may not be found on the job. The coordinator must then seek them out in school or at home, trying to discover the reasons for the poor attendance so that it can be remedied. At the very least, an attempt should be made to convince students of the importance of phoning to let their instructors know when they are going to show up on a scheduled work day. Students are not being paid, so instructors should not depend upon them as they do on full-fledged employees, but a day's work schedule may reasonably be planned with the students' activities included. A student who does not intend to report for work should, therefore, notify the department so that work can be rescheduled. When students understand that being absent from work has greater consequences to others than being absent from school, they may be persuaded to cooperate.

Besides attempting to solve problems that instructors may have with students, coordinators should help students with *their* problems. If a student is dissatisfied with the department in which he or she works, the coordinator should try to discover the reason. Perhaps the student thinks that the instructor is unreasonable, or the training inadequate. The coordinator must first evaluate the situation. If the student's complaint is unreasonable, further discussion with the student is necessary, either to show that the complaint is unfounded, or to discover if the complaint is simply a cover for some other difficulty which needs to be dealt with. Once more, intimate knowledge of each student is crucial.

Sometimes student complaints about their instructors will be perfectly legitimate. This calls for tactful discussions with these instructors to solve the problems. In most cases, the coordinator, as a third person go-between, can adjust differences between instructor and students. When this proves impossible, the student may have to be transferred to a different department.

The task list is one measure of the training students receive. A long and varied list of tasks satisfactorily performed is clear evidence that a student is being well trained. A short list, on the other hand, does not by itself suggest inadequate training. If other evaluations show a student to be a poor worker who is slow to learn, it is probably better to have such a student repeat a few tasks over and over until they are mastered, rather than to burden the student with a number of tasks that are too difficult. If, however, school work and coordinator evaluation both indicate a student to be quick and bright, a list showing only a few tasks taught over a period of time is a sign of poor training that calls for a conference with the trainer.

Besides dealing directly with problems of job training, the coordinator should encourage students to speak freely about any personal or school problems they may be having, since these may impinge upon work performance. Once more, in-depth counseling and guidance are vital to the program.

Preparing for New Phases I and II: The coordinator is involved in the evaluation and planning sessions referred to in the "Teaching Function" section of this chapter. Beyond that, the coordinator's specific tasks include recruiting and selecting new students for Phase I (Chapter Four), and

meeting with hospital personnel to place students for the new Phase II. Preparation for Phase III also begins during Phase II. Inasmuch as these preparations involve an understanding of Phase III, they will be dealt with in the next chapter.

EVALUATION

Evaluation of Phase II is based largely on the task lists, which reveal both the scope of training and individual student progress, and on the clinical instructor interview discussed in this chapter. A further aid in evaluation is a written evaluation of each student by the clinical instructors. The following form can be used for this purpose:

SECONDARY SCHOOL ALLIED HEALTH OCCUPATIONS PROGRAM

Employer's Progress Report
Work Experience Education Program

Employer _____ Date _____

The student's grade for work experience will depend to a very large extent on your evaluation. Would you please indicate on the following chart the rating that best describes

_____
Name of Student

	Excellent	Above Average	Average	Needs to Improve	Unsatis-factory
1. Attendance					
2. Dependability					
3. Initiative					
4. Job Competence					
5. Progress on Job					
6. Relations with Others					
7. Appearance					

Employer's comments: _____

_____

_____

Has the student averaged ten hours or more on the job each week? Yes _____ No _____

_____
Employer's Signature

SUMMARY OF PHASE II

Supervision: The student works in a Health Care Facility under the supervision of a clinical instructor.

Training: The student is trained on the job by the clinical instructor.

Counseling: The student continues to be counseled by school personnel to help in making use of the work experiences for developing vocational and personal maturity.

Coordination: The work experience is coordinated with the student's continuing school activities.

Credit: The student receives grade credit for work experience. One hour of work experience earns one unit of academic credit up to a maximum of 10 units.

Pay: Students are compensated by the training they receive. They may receive stipends to cover incidental expenses related to their work.

Limitation: Students must not be used to replace employees. They are in the facility to learn. Training repays them for work; their work repays the facility for the training.

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CHAPTER SEVEN

PHASE III AND FOLLOW-UP

Students have been introduced to the Health Care System and each has selected an area within the system in which to receive training in specific skills, and the opportunity to develop required work habits and attitudes. They will have used the experience in planning for the future. Their plans will differ considerably, depending upon individual goals and the level of maturity and achievement each student has reached. In order to meet these many and varied needs, Phase III is divided into a number of different parts.

Broadly, the choices available involve actual employment in the Health Care System, advanced study and training, or remedial study and training. Each of these broad divisions has many subdivisions. As long as students participate in any division or subdivision of Phase III, they are considered to be functioning within the program.

PART-TIME EMPLOYMENT

Some students, while continuing their school work toward graduation from high school, are now employed by a Health Care Facility. These students have used their year of training to prepare them to hold such salaried jobs. They will now perform for pay the tasks they have learned and will continue learning additional tasks on the task list.

In some cases, the salary will be paid by the facility in which the student works. In others, funds for salaries will be provided by grants to the program from government or private sources (see Chapter One, section on Funding).

Employment by the Cooperating Facility(ies): The most immediate source of employment is a facility that has provided training for Phase II. It may be possible to arrange to put some students directly on that facility's payroll. Since an ongoing relationship exists between the program and the facility, and since facility personnel already know the students in question, it may be possible to make some definite commitments during Phase II for the coming school year.

In placing students in the cooperating facility, however, the coordinator should be careful not to eliminate essential future training slots. If a department can accommodate only a single student, and now plans to employ the student it had trained to continue performing the same entry-level tasks during Phase III, then that department may be closed to further Phase II students. It is useful, therefore, to plan for a certain number of training slots and a certain number of potential employment slots as early as possible in making arrangements with the facility. Early agreements on employment slots provide time for hospital to prepare budgets far enough in advance. A department may want to employ a student it has trained but be unable to do so because the budget has not provided for it. If possible, when first setting up the program in a facility, the coordinator should get from the administration a written agreement to budget a certain number of slots for students who may qualify for employment.

Employment by other facilities: Students who are not employed by the training facility should be assisted in finding work in other facilities. The coordinator contacts other facilities and employment agencies to determine what employment opportunities exist.

The Advisory Committee can be useful in providing employment information and in promoting a receptive attitude on the part of the facilities to be contacted. Some committee members may directly represent certain facilities. Beyond this, a letter signed by the community leaders who make up the committee can be useful in opening doors.

While the coordinator attempts to place students, the students themselves should be encouraged to take an active part in the search for a job. They are being trained for work, and finding employment is part of the work situation. Students can apply for work both at facility personnel offices and at public employment agencies.

Funded employment: Direct hiring by hospitals will accommodate some of the students, but probably not all. The employment field can be broadened, however, by public and private grants. There are two general types of funding available to students in the program: *Cooperative Work Education,* and *Assistance Based on Financial Need.* Cooperative Work Education requires cooperation between school and employer to provide *work experience coordinated with related*

technical courses. In areas where the required technical courses can be provided, Cooperative Work Education grants may be available. Other grants are offered to minority students and to those whose family incomes are substandard, i.e., Assistance Based on Financial Need. The section on "Funding" in Chapter One of this Guide offers the addresses from which information on public and private grants can be obtained.

RELATED TECHNICAL COURSES

Courses required for funding must be provided. Even when funding is not the problem, however, related courses are useful and should be made available if possible.

There is a problem of providing the required related technical courses in a health careers program because of the great diversity of occupations in the allied health field. A number of approaches must be taken to accommodate the various needs. Where there are enough students in one occupation, as is often the case in nursing, a class can be set up specifically for them using existing course materials. In some instances, such courses are already in operation and students from the program can be placed in them. An alternative is to select existing courses that relate, although less directly, to the work being learned. A student working as a hospital maintenance engineer cooperative trainee, for example, can benefit from classroom instruction offered in machine shop, physics, blueprint reading or the like.

A list of all occupations for which students plan to train in Phase III indicates what courses are needed. The coordinator first determines how many of these courses are available in the high school. The counselor then programs the student into the required course for the coming school year.

To serve the remaining students, the coordinator surveys the community to discover what courses are available outside of the high school. Liaison should already have been established with a cooperating community college, and an agreement reached for admitting qualified high school seniors to some of its classes. The coordinator checks on the specific courses related to health occupations that are offered for the coming semester, the number of high school students that will be

accepted in each class, the registration procedures, and when registration closes. The same information is gathered from community skill centers. The coordinator then helps students to register in appropriate courses.

Where provisions such as scholarships can be made to cover tuition, private schools and correspondence courses can be used to augment the sources of required courses.

Finally, if there are still some students for whom necessary courses cannot be found in any of the above categories, the program may decide to create its own courses. College-student tutors, supervised by the program teacher, may be able to provide the required training.

COLLEGE PREPARATION

Some students will elect to prepare for college. This will preclude further work experience for those who need to concentrate on academic studies in completing college entrance requirements. They will, however, still be considered part of the program, since one of its objectives is to encourage students to aspire to and achieve as high a level of education as their interest, energy, and capabilities permit.

Beyond counseling, these students will not require as much help from the program in getting ready for Phase III as will the other students. Wherever the program can be useful, however, it should offer its services. It can provide tutoring when necessary and its contact with the Community College can be useful in placing some of these students in college academic courses in addition to the students enrolled in health-occupation-related courses.

WORK MATURITY GUIDANCE

Not all students will be ready for employment at the end of Phase II. Some may not have mastered enough tasks, others may have been distracted by personal problems, still others may not have developed satisfactory work habits or attitudes. In some cases, students will have changed departments and may not have had time for sufficient training in the new area. All cases will differ, so a separate program must be designed for each student.

The reasons why individual students are not employable must be determined, so that they can be assisted in overcoming their difficulties. Among suggested types of assistance are continuation of Phase II training, individual tutoring, counseling in work habits and attitudes, help with personal problems, and assignment to special classes without additional work experience. If some of these students develop employable skills and attitudes during the school year, they may move into jobs if employment slots can be found for them.

TEACHING AND COORDINATING FUNCTIONS

The team aspect of the program is especially important in Phase III. Students' plans are crystallizing, and teacher, coordinator, and counselor should pool their efforts in helping students make wise and practical choices. All three should be thoroughly acquainted with the various possibilities under Phase III. To emphasize this team approach, this chapter does not differentiate among the functions except in specific instances, such as placing students in a job, which is clearly a coordinating function.

PREPARING FOR PHASE III

Student Plans: As mentioned in Chapter Seven, much of the preparation of Phase III takes place during the latter half of Phase II. The team discusses with students their career goals and presents the various choices offered by Phase III. Students are guided in developing plans for reaching their individual goals through these choices. The team measures the plan in relation to the student's academic standing, responsibility shown toward the Phase II activities, general ability, personality, and potential. If all agree the plan is realistic, then definite steps are outlined. A student may, for example, elect the Cooperative Work Education Plan, but the clinical instructor may feel that the student will not be ready for employment by the end of Phase II. If the team decides that the inadequate performance in Phase II is simply a result of an otherwise capable student's attitude, the student may be told that a more responsible approach to the requirements of Phase II is a necessary first step in the plan. The added motivation of a clearly defined goal now may provide the necessary impetus for an improved attitude. If the decision is made early enough, such a student's work habits may improve sufficiently through the rest of Phase II to change the instructor's evaluation.

In some cases students' goals will be clearly unrealistic. The team then suggests alternatives and guides the students toward plans that are workable.

When plans have been made and approved, the team assists the students in implementing them. The number of students to be employed in Phase III is now known, as is the department in which each student is qualified to work. During Phase II, therefore, steps can already begin toward placing the students.

Transportation: During Phase III some students will be required to go from school to a Community College, Skill Center or Health Care Facility for training. As in Phase II, where these are beyond walking distance the coordinator arranges for adequate transportation. Students who are working will be paid, so they can be expected to provide their own transportation to work. Where large distances are involved, however, transportation problems may become an obstacle to employment. The program should help in individual cases where necessary. To the extent that transportation can be provided, the pool of possible jobs widens.

All preparations for Phase III, including helping students plan, placing and enrolling students, and arranging for transportation, should be completed before the beginning of Phase III, so that when the Phase III school year starts students are ready to go.

OPERATION OF PHASE III

Employed Students: Once the school year starts, the Phase III employed students are "out in the world." They are still very much part of the program, however, and should not be neglected by it. The coordinator should be in contact with these students and their employers every few weeks. Where there are problems, the coordinator assists in resolving them, following procedures used in Phase II. Beyond this, students and employers should be able to reach the coordinator or the counselor on short notice whenever necessary through either the school, home phone, or answering service.

Counseling and Guidance: Counseling and guidance are especially important throughout Phase III to those students who were not able to get jobs at the end of Phase II. They also should be available as needed to working students as well as to those preparing for college.

Evaluation: Because students will be functioning under many different plans, there will be various types of evaluation in Phase III. Employed students can be evaluated by the form used by clinical instructors in Phase II to evaluate students' work progress. Students in high school or college courses, in Skill Centers, in continuing Health Care Facility training, as well as those in tutorial courses will be evaluated by their respective teachers, trainers and tutors.

Finally, a breakdown showing the number of students enrolled and functioning under each plan summarizes the goals students have reached by the end of the three-year program.

CERTIFICATE OF COMPLETION

Upon completing the three-year program, each student receives a Certificate of Completion. The Certificate and the Task List (with successfully performed tasks checked off and signed by the clinical instructor) can be used by students in seeking employment. A prospective employer can see from the list not only where the student has worked but specifically what tasks he or she has performed to professional standards. The Task List and Certificate are also useful to those students who go on to college by aiding counselors in placing these students in appropriate courses.

PREPARING FOR NEW PHASES

Once again, teacher, coordinator, counselor, administration, and the Advisory Committee consult during the second half of the school year to upgrade the program for the coming year. Then preparations are repeated for a full set of new phases.

FOLLOW-UP

Defined as a three-year program, the program is technically finished at the end of the third school year. If, however, it is concerned with truly benefiting students, follow-up should be considered. Furthermore, evaluation in Phase III can at best indicate the status of students at the end of the program, but not beyond it.

To measure the *results* of the program, a follow-up evaluation is necessary to reveal what has become of students after they have left the structured program. In the original design of the program, therefore, it is well to provide for follow-up counseling and guidance for those students who want or need it, and for post-program evaluation.